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MONTANA DEPARTMENT OF REVENUE

INTRODUCTION TO WELFARE FRAUD INVESTIGATIONS & PROSECUTION

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WELFARE FRAUD

INVESTIGATIONS & PROSECUTIONS

Prepared By: Legal & Enforcement Division, Jon Meredith, Administrator
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INTRODUCTION

In an attempt to shed some light on a rather complex area the Department of Revenue has put together this informational notebook on welfare fraud. It is designed to help one understand the relationship between the welfare system and welfare fraud as they relate to the criminal justice system. The notebook addresses six separate areas of involvement:

1. The laws.

2. Source of cases and the normal course of action taken.

3. Definitions that apply to welfare and an explanation of the individual program.

4. Method of obtaining public assistance in Montana.

5. Evidence utilized in welfare fraud cases.

6. Prosecutor involvement in fraud cases.

It also contains examples of documents being used in other county attorneys' offices that may be helpful to your office.

It is our desire that this information provide you with a better understanding and assist you in the prosecution of welfare fraud cases.

I. The Laws.

The welfare system as we currently know it is a joint federal, state, and county project. Because of this there are numerous applicable statutes and regulations.

Federal requirements are contained in CFR Title 7 and CFP Title 45. The Montana Laws are found in MCA Titles 53 and 45 and the Welfare A.R.M. Volume 15, Parts I and II, Title 46. There is also a Department of Social and Rehabilitation Services (S.R.S.) policy manual for each program monitored by the county welfare office.

There are two statutes in the criminal code that are normally used in charging welfare fraud cases. The theft statute is used for those individuals who actually received the benefits. False swearing is used for those individuals who apply and do not receive benefits and for those who make false statements in an attempt to assist someone else in acquiring benefits he/she is not entitled to.

The following are Montana Statutes that deal with or are used in welfare fraud cases:

A. MCA title 53, Social Services and Institutions.

1. 53-2-107. Fraudulent obtaining of public assistance treated as theft. Whoever knowingly obtains by means of a willfully false statement, representation, or impersonation or other fraudulent device public assistance to which he is not entitled is guilty of theft as provided in 45-6-301.

History: En. Sec. 15, Part1, Ch. 82, L. 1937; amd. Sec. 21, Ch. 37, L. 1977; amd. Sec. 1, Ch. 273, L. 1977; R.C.M. 1947, 71-226.

2. 53-2-108. Overpayment of assistance - civil penalty when fraud. (1) If due to department error, a recipient receives public assistance for which he is not eligible, the portion of payment that he is not entitled to receive shall be returned at the discretion of the department.

(2) If a person obtains any part of an assistance payment through fraudulent means as specified in 53-2-107, 125% of the amount of assistance to which the person was not entitled shall be repaid and, until fully paid, is a debt due the state.

History: En. Sec. 2, Ch. 257, L. 1979.

3. 53-2-109. Recipients to report income not previously declared. Recipients of public assistance shall notify the department within 10 days of the receipt of any income or resources not previously declared to the department. Failure of the department to verify information provided by the recipient does not absolve the recipient from his obligation to provide accurate information to the department.

History: En. Sec. 1, Ch. 257, L. 1979.

B. MCA title 45, Crimes.

1. 45-6-301. Theft. (1) A person commits the offense of theft when he purposely or knowingly obtains or exerts unauthorized control over property of the owner and:
(a) has the purpose of depriving the owner of the property;
(b) purposely or knowingly uses, conceals, or abandons the property in such manner as to deprive the owner of the properyt; or
(c) uses, conceals, or abandons the property knowing such use, concealment, or abandonment probably will deprive the owner of the property.

(2) A person commits the offense of theft when he purposely or knowingly obtains by threat or deception control over property of teh owner and:

(a) has the purpose of depriving the owner of the property;

(b) purposely or knowingly uses, conceals, or abandons the property in such manner as to deprive the owner of the property; or

(c) uses, conceals, or abandons the property knowing such use, concealment, or abandonment probably will deprive the owner of teh property.

(3) A person commits the offense of theft when he purposly or knowingly obtains control over stolen property knowing the property to have been stolen by another and:

(a) has the purpose of depriving the owner of the property;

(b) purposely or knowingly uses, conceals, or abandons the property in such manner as to deprive the owner of teh property; or

(c) uses, conceals, or abandonsthe property knowing such use, concealment, or abandonment probably will deprive the owner of the property.

(4) A person commits the offense of theft when he purposely or knowingly obtains or exerts unauthorized control over any part of any public assistance, as defined in 53-3-101, by means of:

(a) a knowlinly false statement, representation, or impersonation; or

(b) a fraudulent scheme or device.

(5) A person convicted of the offense of theft of property not exceeding $150 in value shall be fined not to exceed $500 or be imprisoned in the county jail for any term not to exceed 6 months, or bothe. A person convicted of the offense of theft of property exceeding $150 in value or theft of any commonly domesticated hoofed animal shall be imprisoned in the state prison for any term not to exceed 10 years.

History: En 94-7-203 by Sec. 1, Ch. 513, L. 1973; R.C.M. 1947, 94-7-203.

3. 45-7-203 Unsworn falsification to authorities. (1) A person commits an offense under this section if, with purpose to mislead a public servant in performing his official function, he:

(a) makes any written false statement which he does not believe to be true;

(b) purposely creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therin from being misleading;

(c) submits or invites reliance on any writing which he knows to be forged, altered, or otherwise lacking in authenticity; or

(d) submits or invites reliance on any sample, specimen, map boundary mark, or other object which he knows to be false.

(2) A person convicted of an offense under this section shall be fined not to exceed $500 or be imprisoned int eh county jail for any term not to exceed 6 months, or both.

History: En. 94-7-204 by Sec. 1, Ch. 513, L. 1973; R.C.M. 1947, 94-7-204.

II. Source of cases and actions taken.

A. Case flow from allegation to prosecution.

1. Department of Social and Rehabilitation Services (County Welfare Office or State Office) receives a complaint of a fraudulent obtaining of public assistance. Complaints come from the following sources:

(a) Welfare worker (eligibility technician) discovery

(b) Quality control reviews (S.R.S. internal audit function)

(c) Citizen complaint

(d) Welfare fraud hot line (toll free line to Governor's office in Helena)

(e) Information passed to S.R.S. from the Department of Revenue

2. S.R.S. personnel review allegations and determine if the case meets their criteria for prosecution referral. Those cases appearing to have sufficient evidence to constitute fraud are referred to the Department of Revenue in accordance with M.C.A. 53-2-501 which states:

When requested by the Department of Social and Rehabilitation Services the Department of Revenue shall:

(1) Investigate matters relating to public assistance and vendor payments, including but not limited to the claim for an acceptance of public assistance benefits by public assistance recipients and the receipt and disbursal of public assistance funds by state, county, or other governmental agencies;

(2) Institute civil or criminal actions in the appropriate courts to enforce the public assistance laws and violations thereof."

3. Department of Revenue (D.O.R.) investigates cases for the purpose of initiating a prosecution through the county attorney in the county where the false statements were made. Cases can be resolved by the Department of Revenue in one of three ways depending on what is found:

(a) Request For Prosecution: If probable cause is found the case is presented to the county attorney for whatever action he deems appropriate.

(b) Request a Voluntary Repayment: If a recipient causes an error which results in an overpayment, but no intent to commit fraud or theft is present a voluntary repayment agreement is sought.

(c) Close case: If there is a lack of information or circumstance which would be required for repayment or prosecution, the case is closed.

4. Completed case with all evidence, witnesses and circumstances is presented to the county attorney for whatever action is deemed appropriate.

B. The county attorney has discretion and authority to handle cases in a manner that is determined appropriate. It is realized the state fills the role of the victim and the county attorney acts as the state's representative. He is the ultimate authority regarding those cases that will be prosecuted. The state prefers the cases be resolved with a recovery and whatever sanction would be called for by the criminal justice system and the laws of Montana. County attorneys handle the cases in one of four ways:

1. Prosecution.

2. Deferred prosecution.

3. Voluntary repayment arranged.

4. Rejection of the case.

C. Penalties available on convictions for fraud.

1. Criminal Penalty.

(a) In almost all of the cases brought to a county attorney the amount of money fraudulently obtained will be in excess of $250.00 and will fall within the felony area of the theft statute (MCA 45-6-301(5)) which provides for imprisonment of individuals for a term not to exceed 10 years.

(b) In those rare cases which are misdemeanors, MCA 45-6-301(5) provides for up to six months in the county jail and/or a $500 fine.

2. Administrative penalty is provided for in both the state law and in the Code of Federal Regulations. Both penalties are contingent upon a successful prosecution.

(a) State Law - 125% of the amount of assistance to which the person was not entitled shall be repaid. (See M.C.A. 53-2-108.)

(b) Federal Regulations - A disqualification from the food stamp program of up to 18 months can be imposed by the judge against the household member involved in fraud. (See C.F.R. 7 § 273.16(a).)

III. Definitions. The following is a list of definitions related to the welfare system. These definitions are used in the code of federal regulations and in those regulations implemented by S.R.S. They will assist in understanding what constitutes welfare.

A. "Public Assistance" or "Assistance" means any type of monetary or other assistance furnished under title 53 MCA to a person by a state or county agency, regardless of the original source of the assistance.

B. AFDC - Aid to Families with Dependent Children.

1. AFDC was established for the purpose of encouraging the care of dependent children in their own homes or in those of relatives by enabling each state to furnish financial assistance and rehabilitation and other services, as far as practicable under the conditions in such state, to needy dependent children and parents or relatives with whom they are living. The general program goals are to help maintain and strengthen family life and to help such parents or relatives to attain or retain capability for maximum self-support and personal independence consistent with the maintenance of continuing parental care and protection. (Section 401, Social Security Act of 1935.)

2. A.F.D.C. is provided to:

(a) Needy children under the plan who are:

(1) Under the age of 18 or under 21 if regularly attending a school, college, or university, or regularly attending a course of vocational or technical training;

(2) Deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, or unemployment of a father; and

(3) Living in the home of a parent or of certain relatives specified in the act, or in foster care under certain conditions.

(b) The parent or other caretaker relative of a dependent child and, in certain situations, the parent's spouse.

C. Medical Assistance (Medicaid). Medicaid is a program that pays medical bills for eligible low income people who can't afford the cost of health care. The program is funded by federal and state money.

D. Food Stamp Program.

The food stamp program is designed to promote the general welfare and to safeguard the health and well being of the nation's population by raising the levels of nutrition among low-income households. Congress found that the limited food purchasing power of the low-income households contributed to hunger and malnutrition. Section 2 of the Food Stamp Act of 1977 states, in part:

> Congress hereby finds that the limited food purchasing power of low-income households contributes to hunger and malnutrition among members of such households. Congress further finds that increased utilization of food in establishing and maintaining adequate national levels of nutrition will promote the distribution in a beneficial manner of the nation's agricultural abundance and will strengthen the nation's agricultural economy, as well as result in more orderly marketing and distribution of foods. To alleviate such hunger and malnutrition, a food stamp program is herein authorized which will permit low-income households to obtain a more nutritious diet through normal channels of trade by increasing food purchasing power for all eligible households who apply for participation.

E. Low Income Home Energy Assistance.

The Low Income Home Energy Assistance Program is a major federal program designed to help low income people pay energy bills. This year the program will be administered by the U.S. Department of Health and Human Services through block grants to the states. The program provides grants to low income households to help pay their heating bills or to meet the cost of home cooling. Eligible households are those in which the income does not exceed 150% of the poverty guidelines in a given state or 60% of the state's median income. Also, most households with persons receiving supplemental security income, aid to families with dependent children, food stamps and need tested veteran's benefits may be eligible. Special assistance is given by locating elderly or handicapped individuals who qualify and payments may be made directly to eligible households or to home energy suppliers. States may set aside up to 15% of funds for low-cost residential weatherization.

IV. Method of Obtaining Public Assistance in Montana.

A. Assistance is applied for at the county level. An applicant must go to the county welfare office and make application for whichever program or programs he intends to receive benefit from.

B. Application process.

1. Applicant goes to county welfare office and fills out and submits an application for one or more of the public assistance programs. The number of forms that he completes or the amount of information he provides depends on the programs. The following applications are available for the individual program:

a. A.F.D.C. Application. This application covers:

1. A.F.D.C.
2. Non-A.F.D.C. Medical.
3. Stepparent A.F.D.C.
4. General Assistance.

b. Food Stamp Application.

1. For the food stamp program only.

c. Low Income Energy Assistance Program (LIEAP).

1. For LIEAP assistance with heating bills only.

C. Information requested on applications. Each program application asks for information relating directly to the criteria used for determining applicant's eligibility for public assistance funds. The applications themselves are very similar to a credit application used by a bank. There are questions which provide information for decision making relative to financial need. The information is consistent with that called for under the federal regulations.

1. The A.F.D.C. application is called: S.R.S. form FA-1A Application for Public Assistance. It seeks information in the following categories: (See Appendix A)

a. Individuals who comprise the household to include:

1. Man, father, stepfather.
2. Woman, with maiden names.
3. Children.
4. Date of birth for all.
5. Social Security numbers for all.
6. Relationship to applicant.
7. Sex.

8. Student status
9. Length of time parent who is obligated for support has been gone
10. If anyone in the household does not need assistance

b. Residency. The eligibility technician determines that he/she is a resident of Montana for what period of time, in what county, and what address.

c. Monthly household expenses including:

1. Rent or mortgage payment
2. Utilities
3. Medical payments
4. Support or alimony
5. Other

d. Work history information to include the following facts:

1. The individual is registered at the unemployment office
2. The applicant has been out of work for more than 30 days

3 The applicant has or has not refused a job in the last 30 days

4. The applicant has or has not filed for unemployment or worker's compensation

5. The past three years work history for the applicant and spouse.

e. Assets that applicant may have including:

1. Bank account
2. Bonds or stock
3. Real estate
4. Vehicles
5. C D's and safety deposit boxes
6. Livestock
7. Life insurance
8. Whether the applicant has sold or given away any real estate in the last 5 years.

f. Unearned Income. Unearned income from benefits or grants or any other source other than actual employment is considered but in a different way than earned income, in as much as it is not subject to allowed exemptions.

g. Current Work Status. What is the current work status relative to income to include income from self-employment?

h. Medical problems and related data which covers:

1. Ability to work.
2. Any current pregnancies.
3. Any insurance coverage.
4. Anyone else who is responsible for medical care.

i. Sworn Statement. At the end of the application is a declaration of completeness and truthfulness of the information provided. There is also a statement telling the applicant to read the section prior to signing.

90 BE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS ON FORM EA 1, AND PAGES 2 TO 5, FORM EA 1A READ CARE FULLY THE FOLLOWING STATEMENT BEFORE YOU SIGN

I declare that this statement has been examined and filled out by me, and to the best of my knowledge and belief is true, accurate and complete. I understand that any misstatement will be investigated and prosecuted. I further declare that I will promptly report to the Welfare Department all facts concerning any income or sources received by me and or my dependents and any change of circumstances whatever of myself and or dependents for whom I have applied for assistance.

I understand I can appeal for a fair hearing to the State Department of Social Rehabilitation Services if I am not satisfied with the promptness of the action on my application, with the decision, or with the amount of assistance which I receive.

I have been informed of the availability of Family Planning and early screening and may have these services by contacting the County Welfare Office.

I understand that this Declaration of Facts may be investigated by the Department of Public Welfare and I agree to cooperate by signing EA—4 and EA29 and help in such an investigation by presenting proof of the statements I have made in this Declaration.

I hereby release all medical providers from any liability based on their release of any medical information requested by the State Department of Social and Rehabilitation Services to obtain such confidential information as is required for their use for myself and any person I am applying for assistance for.

(APPLICANT OR GUARDIAN — SIGN HERE)	Date	(SPOUSE OF THE APPLICANT — Sign Name Here)	Date

j. Signature. The final piece of information is the signature of applicant and, where applicable, the signature of the spouse.

2. The food stamp application is called the S.R.S. form F.S.-1. It asks the following questions: (See Appendix B)

a. Household members to include parents and children under age 60, parents 60 and older who eat meals with the other household members, and all others who eat meals together.

b. Resources which include all major things of value such as:

1. Bank accounts
2. Cash on hand
3. Stocks, bonds, oil, mineral rights
4. Livestock
5. Vehicles
6. Real estate

c. Work income from any household member showing individual employer gross amount paid and how often paid.

d. Income from any source other than employment such as grants, pensions, A.F.D.C., child support, alimony, or other.

e. Medical expenses showing the type, amount, and how often paid.

f. Shelter costs which include:

1. Rent or mortgage.
2. Property taxes (if not in mortgage payment).
3. Insurance on home (if not in mortgage payment).

g. Utilities and information for anyone who would assist in shelter or medical costs.

h. Student status of household members to include amount of time being spent in school and any grants or scholarships he/she receives.

i. The last item of major importance is the penalty warning which is included below in its actual form. It also discusses what the applicant's signature on the form attests to.

PENALTY WARNING:

IF YOUR HOUSEHOLD RECEIVES FOOD STAMPS, IT MUST FOLLOW THE RULES LISTED BELOW. ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THESE RULES ON PURPOSE CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 3 MONTHS TO 2 YEARS, FINED UP TO $10,000, IMPRISONED UP TO 5 YEARS, OR BOTH, AND SUBJECT TO PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS

- DO NOT give false information, or hide information, to get or continue to get food stamps
- DO NOT trade or sell food stamps or authorization cards
- DO NOT alter authorization cards to get food stamps you're not entitled to receive
- DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco.
- DO NOT use someone else's food stamps or authorization cards for your household

YOUR SIGNATURE:

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge

I understand that I may have to provide documents to prove what I've said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the food stamp office may contact to obtain the necessary proof.

I ALSO UNDERSTAND THAT I AM REQUIRED BY STATE AND FEDERAL LAW TO REPORT TO THE COUNTY FOOD STAMP OFFICE ANY CHANGES IN INCOME AND MEDICAL COSTS OF MORE THAN $25 PER MONTH, ANY CHANGES IN THE SOURCE OF INCOME; CHANGES IN RESOURCES IF THEY REACH OR EXCEED $1,500; CHANGES IN HOUSEHOLD SIZE; CHANGES IN THE NUMBER OF VEHICLES; ANY CHANGES IN ADDRESS AND ANY RESULTING CHANGE IN SHELTER COSTS. I FURTHER UNDERSTAND THAT I MUST REPORT THESE CHANGES WITHIN 10 DAYS AND THAT THE FAILURE TO DO SO MAY RESULT IN A LOSS OF PROGRAM BENEFITS AND IN POSSIBLE CRIMINAL PROSECUTION OR PENALTIES AS PROVIDED BY LAW.

Your Signature: _____ Today's Date: _____

Witness. (if you signed with an X) _____

3. The low income energy assistance program application is called a S.R.S. form EA-88. It asks the following questions: (See Appendix C)

   a. Head of household information.

   b. Type of heating and who supplies this heating and/or fuel.

   c. Sources of income.

   d. Household ownership status & senior citizen & handicapped information.

   e. Income of all household members.

   f. Resources of the household.

g. Statement acknowledging consequences of false statements signed by applicant.

I UNDERSTAND THAT THIS APPLICATION IS FOR FEDERAL FUNDS AND THAT ANY FALSIFICATION OR CONCEAL MENT OF A MATERIAL FACT MAY BE PROCECUTED UNDER FEDERAL AND STATE LAWS

I UNDERSTAND THAT HOMES ARE WEATHERIZED ON A PRIORITY BASIS IF MY HOME IS PRIORITIZED THIS YEAR I AUTHORIZE AN AGENCY REPRESENTATIVE TO COMPLETE AN ENERGY AUDIT OF MY HOME AND INSTALL WEATHERIZATION MEASURES AS DETERMINED TO BE NECESSARY BY THE AGENCY I CERTIFY THAT THE INFOR MATION PROVIDED HEREIN IS TRUE. COMPLETE AND CORRECT.

HEAD OF HOUSEHOLD _____ SIGNATURE _____ DATE

D. Determining authorized amount of an individual's grant. A county welfare eligibility worker completes an individual's grant by applying the information provided by the applicant to the qualifying standards that are set by the federal government and by the Department of Social and Rehabilitation Services. By determining an adjusted net monthly income and

then applying that figure to the eligibility chart it can be determined to what benefits the individual is entitled. Example:

BENEFIT STANDARDS TO BE USED WHEN ADULTS ARE INCLUDED IN THE ASSISTANCE UNIT

No. of Persons in Household	With Shelter Obligation Per Month	With Shelter Obligation Per Day	Without Shelter Obligation Per Month	Without Shelter Obligation Per Day
1	$ 212	$ 7.07	$ 76	$ 2.53
2	279	9.30	123	4.10
3	332	11.07	167	5.57
4	425	14.17	217	7.23
5	501	16.70	258	8.60
6	564	18.80	290	9.67
7	624	20.80	320	10.67
8	685	22.83	350	11.67
9	744	24.80	382	12.73
10	804	26.80	413	13.77
11	864	28.80	445	14.83

E. Certification Periods. Length of certifications can vary depending on the programs involved. Generally if there is a question as to the stability of the conditions that have been reported, the person will be certified on a monthly basis. If the family size and income appears to be stable, the eligibility technician can certify an individual for a longer period of time. The times vary by program:

1.	A.D.C.	6 months with monthly reporting
2.	F.S.	1 year
3.	MFD	6 months, then a review
4.	LIEAP	Annual certification covers the months of October thru March

There are exceptions to the time periods; however, these are the maximum periods for which a person can be certified under each program. The individual does not have to file a new application but he/she does verify by signature on a monthly basis that his/her circumstances are the same as at the time he/she applied. These statements can be found on the back of each month's A.D.C. check and on the monthly authorization for food stamp card.

F. Receipt of payment. When an individual is initially certified, he/she is written a county check and given a medical card for that month. He/she is also given a card which

authorizes him/her to receive a particular amount of food stamps.

After the first check and between all certifications, the client receives his/her A.D.C. check and medical card by mail. His/her authorization to purchase food stamp card is sent to the distribution center and the recipient can then get the next month's stamps there.

1

CERTIFICATION

Client makes an application for assistance in the county of residence, he/she provides eligibility information and attest to its completeness and accuracy.

Certification period lasts from one month to one year depending on circumstances.

2

BENEFITS

The amount of benefits is determined from circumstances as they appear on application. The first month's check, medical card and/or food stamp authorization card are issued when certified.

Recipient can cash A.F.D.C. and use the money as seen fit. Medical card is used in conjunction with vendor. All listed on card are eligible. Food stamps can be used for food items only.

3

CHANGES TO CIRCUMSTANCES

Recipient is required to report changes to income within 10 days (MCA 53-2-109). Recipient agrees to report changes immediately when he/she applies for A.F.D.C. and medical and within 10 days on the food stamp application. He/she is also notified of obligation through E.T. interview when applying for A.F.D.C.

4

CERTIFICATION OF NO CHANGE

Recipient is required to certify no change to his/her originally reported financial condition or family size each month. He/she does so by signing a statement to that effect on the back of his/her benefit check and on the back of his authorization for food stamp cards.

5

COUNTY ASSISTANCE PROVIDED TO ENABLE THE REPORTING OF CHANGES

When certified for multiple months, a recipient is sent a monthly report form is used to report changes or to verify no changes have occurred. A recipient of food stamps is given a change report at the time of certification so he/she can report in a timely manner.

6

ONGOING BENEFITS

A.F.D.C. & Medical

When certified for more than one month, the recipient's A.F.D.C. check and medical card are mailed to him/her from the Helena office of the Department of S.R.S.

Food Stamps

Authorization for benefits cards are printed by the county and are sent to or picked up by the local distribution agency or picked up by the recipient. If the recipient so elects the food stamps can be sent to him/her via mail.

FRAUDULENTLY OBTAINING PUBLIC ASSISTANCE

FRAUD

The false statement involved in a fraud allegation can have occurred anytime from the initial application through the time the individual receives the benefits. It can happen in two ways:

1. By a false statement
2. By failing to report changes to circumstances.

Safeguards have been implemented by the system to insure the recipient knows he must report status changes. They are:

1. Penalty statements on applications signed at initial application.
2. Verbal notification from E.T. at certification.
3. Monthly reporting and change forms provided.
4. Certification on checks and food stamp authorization for benefits cards.

The obligation to provide correct information rests with the individual providing the information. (See M.C.A. 45-7-203)

V. Evidence Utilized in Welfare Fraud Prosecution.

A. In almost all welfare fraud cases evidence will consist of documents which have been executed by the suspect recipient. These documents plus other records that are kept by businesses, landlords, banks, utility companies, other social programs, clerk and recorders, schools, etc. will generally prove the false statements. In all cases there will be a statement or statements made to the welfare office by a recipient which can be proven false. To prove these statements false other records or admissions made by the suspect will be used. In cases involving omissions there will be documents certified by the recipient as complete and correct. The omitted information, such as income, children leaving home, excessive resources, etc., will be substantiated by documentation.

B. Methods used by the D.O.R. in obtaining evidence.

1. M.C.A. 53-2-502 and 53-2-503 provide for cooperation and sharing of information by other governmental agencies with the Department of Revenue in welfare fraud matters. This includes the release of Montana income tax information relative to welfare fraud investigations.

2. Subpoenas. The department has statutory subpoena authority which is used frequently in obtaining corroborating evidence from banks, hospitals, and other record custodians which are reluctant to voluntarily give the information.

3. Voluntarily provided information from agencies, business and individuals.

C. Sources of Evidence. The following is a list of individuals who provide information relevant to fraud cases. Where the original documents can be obtained and a name of the individual who is custodian of the information determined, copies of all such relevant evidence will be brought to the county attorney's office. The most common sources of witnesses with the evidence they can provide are as follows:

1. The Department of Revenue investigators. A department of Revenue investigator who worked the case can:

(a) Relate the manner of the fraud and how the investigation was conducted,

(b) Give indications as to where other witnesses come into the case, what their attitude is, and some limited information regarding their credibility.

(c) Provide information as to how evidence was obtained - from whom, and its present whereabouts.

(d) Assist in any follow-up investigation the assigned attorney may feel necessary.

2. County welfare eligibility technicians (E.T.'s). County Welfare office eligibility technicians are the welfare system's intake personnel. They receive applications, evaluate the clients' needs, determine the grant and make the recipient aware of his/her rights and obligations while he/she is receiving benefits. E.T.'s can testify to:

(a) The forms used by the welfare system to include their use and to what program they apply.

(b) What statements were offered that have a direct bearing on the amount of public assistance received income, resources, family size, etc.

(c) Those obligations a recipient is made aware of at the time of certification and the forms and methods used to insure the recipient is aware and understands.

(d) Personal contact with the recipient at the initial application and recertification interviews.

(e) The amount of assistance the recipient received in all programs and how the eligibility technician arrived at the amounts of the benefits.

(f) Since most cases of welfare fraud are found at this level, the eligibility technician can also testify as to how the alleged fraud was discovered. Any statements or communications involving the recipient after discovery would also be available through the F.T.

(g) The eligibility technician can most importantly identify statements or information provided by the recipient that were false and were used to determine a grant amount to which the recipient would not have been entitled.

3. Department of Social and Rehabilitation Services Financial Investigator. The Department of S.R.S. maintains an expert in the field of determining eligibility. This person computes the overpayments a suspect received by virtue of the fraud. An overpayment amount is determined by using the true facts as discovered by the

investigation and recertifying the recipient for each month of the entire fraud period. The financial investigator can testify to:

(a) The amount of public assistance the suspect received that he/she was not entitled to in each of the programs. This is done by comparing the amount he/she should have received to what was actually received.

(b) How the overpayment was calculated.

(c) What bearing the newly discovered information had on the suspect's eligibility.

(d) Changes to the program regulations occurring during the fraud period and what effect they had on the suspect's eligibility.

(e) Criteria for eligibility under each program.

4. Department of Social and Rehabilitation Services Fiscal Bureau cash disbursing supervisor. The S.R.S. cash disbursing center makes all payments to AFDC recipients after the initial payment. They cause checks to be printed based on the welfare rolls and cancel checks

printed and not cashed. They maintain a monthly list of the names of individuals who receive warrants and the number of the warrant they receive. The cash disbursing supervisor can provide specific information on:

(a) The county warrants issued at the time of first certification and maintained in the supervisor's care and custody.

(b) Lists of warrant numbers issued to the suspect during the fraud period. Cancelled warrants are kept at the State Auditor's Office.

(c) The step by step process as to how a recipient receives his monthly A.F.D.C. benefits and medical card.

5. State Auditor's Fiscal Management and Control Division administration. The State Auditors Office issues all state warrants and maintains the warrants after cancellation. The administrator can testify to the processing and the authenticity of the copies.

6. Department of Labor and Industry, Unemployment Insurance Division, Benefit Bureau Chief. The Department of Labor maintains records for unemployment compensation

insurance benefits. They receive quarterly reports from all businesses on wages paid. They provide the following three services, which help prove frauds involving unreported income.

(a) A printout identifying all employers paying premiums on an recipient. Printout shows amount paid, quarter of the year the wages were earned, and the number of weeks the individual worked.

(b) A printout showing unemployment benefits paid to an individual. It shows the date a check was issued, the period of time the check covers, the amount of the check, any wages from employment that were reported during the period of the check, the number of the warrant issued, and the number of the check in the overall sequence of benefits.

(c) Certified copies of the cancelled warrants corresponding to the numbers on the printout.

7. Department of Labor and Industry Workers Compensation Division administrator. Often times fraud cases involve unreported worker's compensation benefits. The Worker's Comp Division will provide:

(a) Amount of weekly benefits being paid and the corresponding warrant number;

(b) Information on settlements to include the amount and the dates.

8. Others. Depending on the type of case being proven, there will be others who will testify to relevant facts:

(a) Employer - verify periods of employment and wages paid.

(b) Landlord - verify monthly rent amount and who actually lives in the premises - can provide rental agreement.

(c) School administration - verify addresses listed, the presence or absence of a student from a particular school, and parental contacts that occurred during the fraud period.

(d) Utility companies - will indicate in whose name the utilities are listed and how much the individual is paying.

(e) Witnesses - those who have no connection other than their firsthand knowledge of facts about the false statements.

D. Types of evidence available. In developing evidence in a welfare fraud case it is our intention to provide all the available evidence (in copy form) and identify the custodian of the evidence. Receiving public assistance one is not entitled to and using false statements are the necessary proof elements. To that end we direct our evidence to those two tests.

1. False statements, representations, impersonations - the false statements made have a direct connection to the application and recertification or reporting process of the county welfare office. The recipient's grant amount is figured at these times. The grant is determined from information supplied by the recipient on forms provided by the state and county welfare agencies. False statements which occur will be made by the recipient during these applications. The following is a list of forms regularly used as evidence and information contained therein:

(a) Applications for assistance (A.F.D.C. food stamps, low income energy assistance program). These

applications all ask for information necessary in determining an applicant's:

(1) income

(2) resources

(3) liability

(4) family size.

From this information the public assistance amount is determined.

(b) Monthly reports or recertification documents. These documents solicit information to determine if the recipient's situation has changed since the last full application. The applicant must complete them and return them to the county office or face termination of his/her benefits. The recipient also certifies that he/she understands the penalty for hiding information.

(c) Eligibility intake checklist. This form is reviewed with the recipient at times of certification for A.D.C. It explains his/her responsibility to report changes. The E.T. reads one responsibility and then insures the client understands it before going on to the next one.

(d) State warrants. On the back of each warrant issued to a recipient is a certification requiring endorsement which states:

> "I, the undersigned, affirm that the information provided by me for purposes of establishing my eligibility for the A.D.C. program was and is true, and that my circumstances have not changed so as to render that information false or incomplete.
> _____Signature" (See Appendix D)

(e) Authorization to participate in the food stamp program cards. When a person receives his/her food stamp coupons he/she must certify that he/she is eligible, that his/her family size and financial status are correctly reported to S.R.S., and that he/she will use the food stamps properly. (See Apperdix E.)

(f) False verification documents. False verification documents consist of altered, forged, or fabricated letters, receipts, paystubs, etc. which are presented to the county to substantiate information on the application.

(g) Evidence of omission and failure to report. In those situations where the family circumstances have changed such as marriage, children leaving the home, or employment, the investigator will obtain

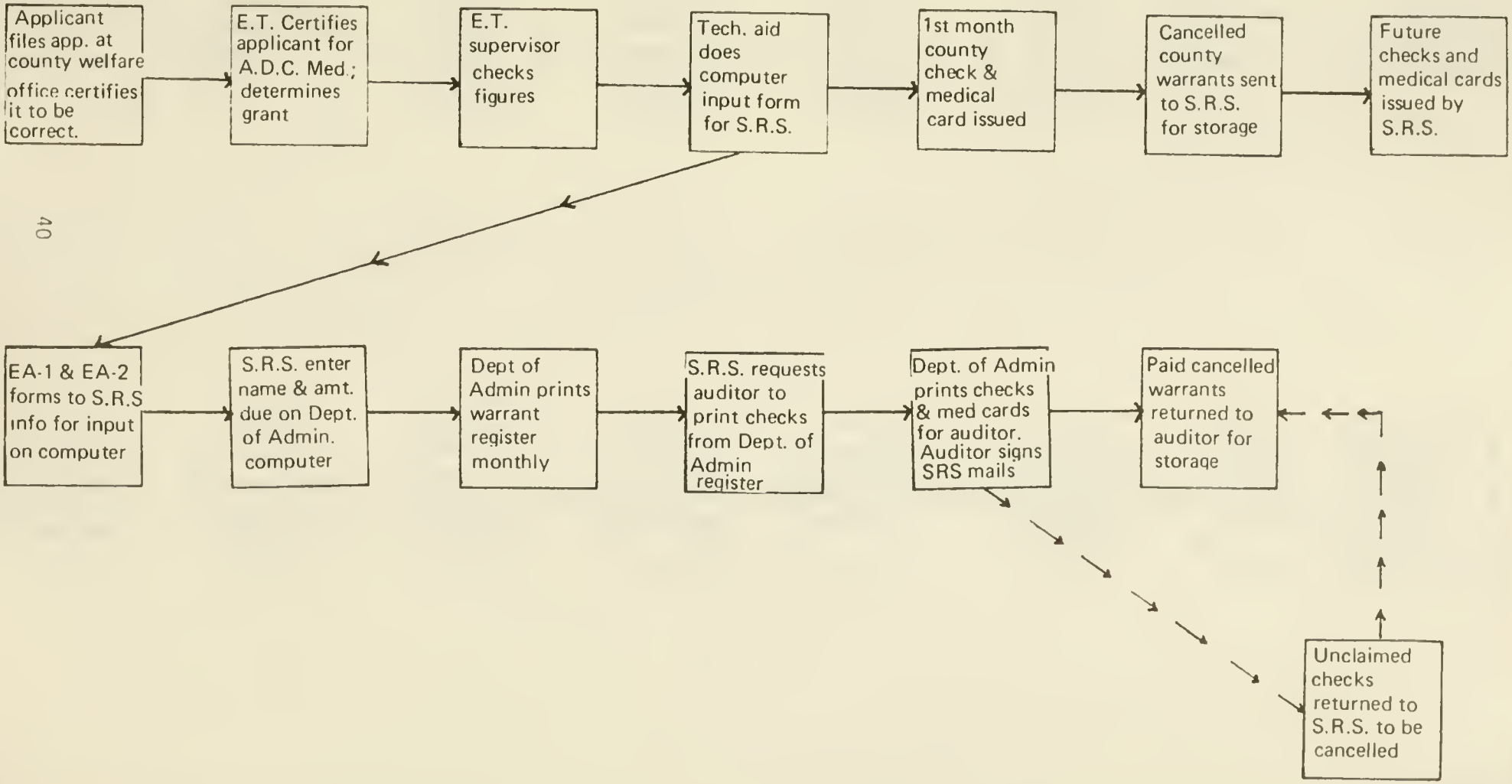
the necessary information to prove that the change occurred and will use the items previously listed to show that it was not reported.

2. Receipt of public assistance to which the individual was not entitled.

   (a) In proving the individual received public assistance to which he/she was not entitled, the funds are traced from issuance to the point where all authorizated funds are actually in the possession of the recipient. Each program has a little different method of dispensing its benefits. All benefits start with the initial application being filed at the welfare office. The following flow charts illustrate the series of events leading up to the initial issuance and the continuing issuance of the other check or benefits through the certification period.

CERTIFICATION STEPS

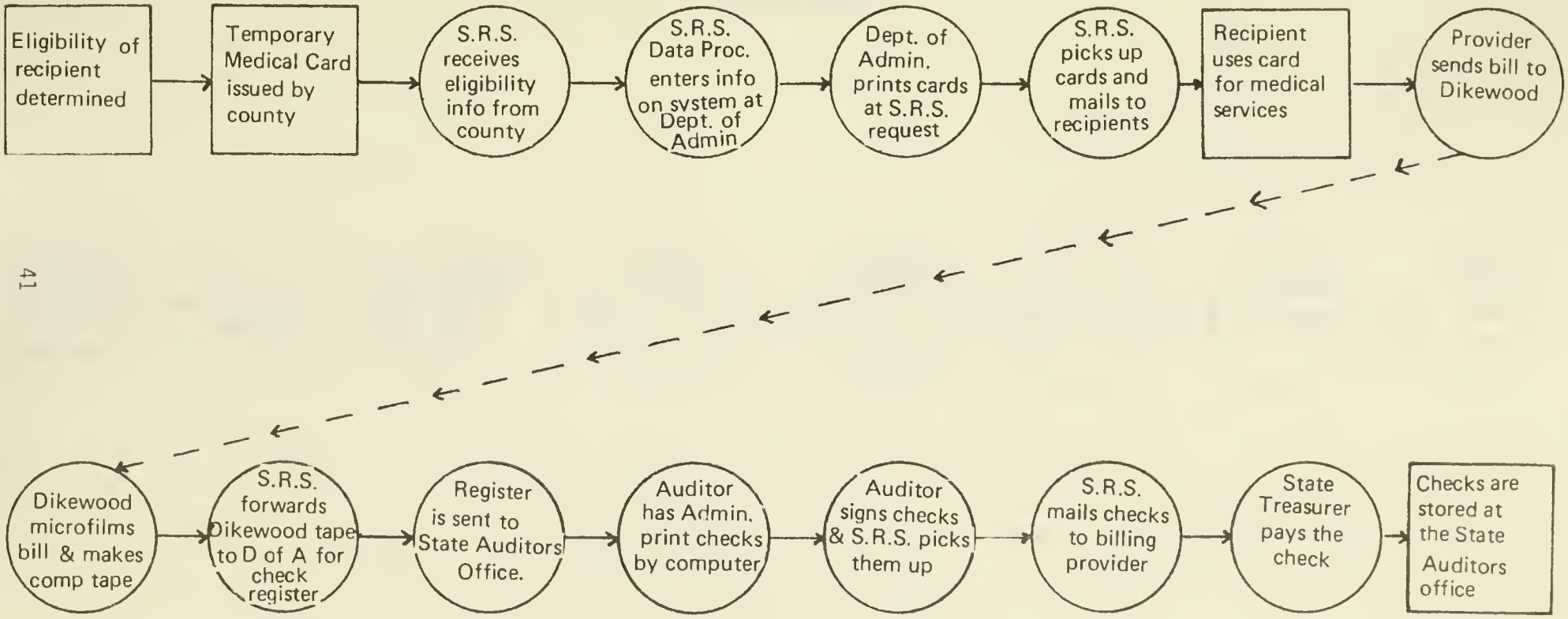
A.F.D.C. & MEDICAL



FLOW CHART

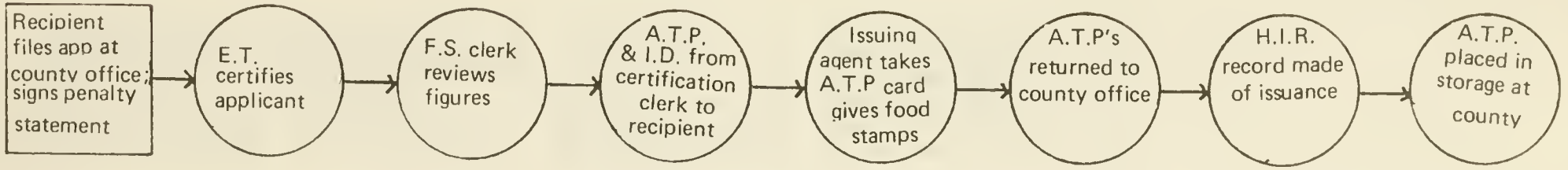
MEDICAL BENEFITS AND

PROVIDER PAYMENTS

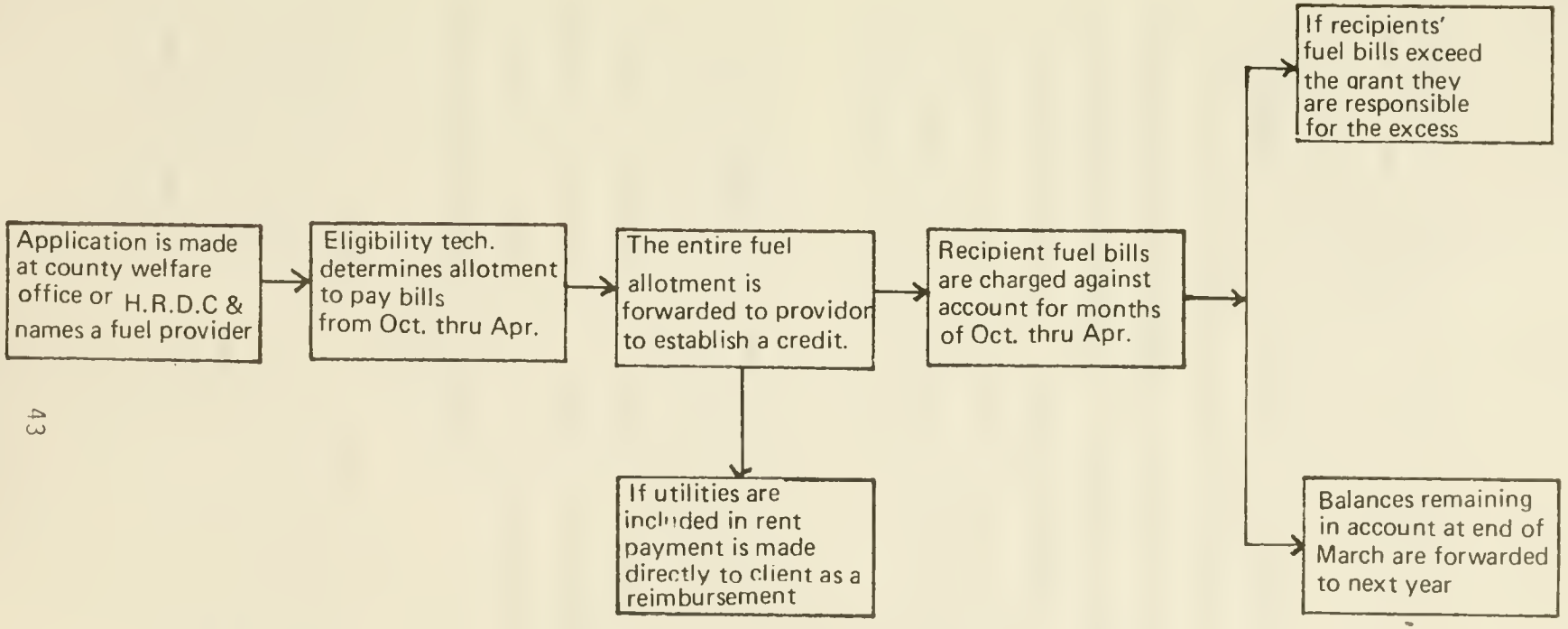


CERTIFICATION STEPS

FOOD STAMPS



LOW INCOME ENERGY ASSISTANCE PROGRAM



2. The following proofs of payment are obtained as evidence:

a. A.F.D.C. - Certified copies of the state warrants showing the recipient's endorsement are obtained from the State Auditor's Office.

b. Food Stamps - The authorization to participate in the food stamp program cards and household participation record are obtained. The card is signed and the recipients' previously reported circumstances are certified as true. When the recipient actually receives the food stamps, the card is returned to the county office. The transaction is recorded on the household issuance record.

c. Medical Program - All medical bills are input to a computer and are paid by the Dikewood Corporation. Dikewood provides a printout of medical billing dates, the amount and day paid, the physician providing the service, and the service rendered. State warrants can be obtained.

d. L.I.E.A.P. - Copies of the checks paid to the fuel supplier and copies of fuel bills paid in the recipient's behalf show the receipt of benefits from the program.

3. The following are additional types of evidence often included depending upon relevancy to the case:

a. Wage Verification - Breakdown of wages paid to recipient or members of the household during the fraud. These records are obtained directly from the employer.

b. Social Security Information - Breakdown of benefits, paid to household members. The breakdown indicates when payments began and the dollar amount.

c. Veteran Benefits - Breakdown of benefit amounts when paid, and who received them.

d. Unemployment Compensation Insurance - Warrants show that individual was receiving income and indicate the amount and period of time payments were received.

e. State Income Tax Returns - Income information on individuals suspected of fraud.

f. School Records - Records from schools showing when an individual left the school or when he/she enrolled. Can also obtain attendance reports when a child's location is in question.

g. Department of Motor Vehicle Information - Registration information from the Department of Motor Vehicles in Deer Lodge to show ownership in cases of excessive resources.

h. Bank and Lending Agency Records - Bank records showing checking and savings account activities to include deposited checks, overall deposit amounts and balances, certificates of deposit, loan applications and any other accounts containing resources.

i. Miscellaneous Government Documents - Documents from:

(1) Clerk & Recorder showing real estate transactions.

(2) Clerk of Court to show marriages, divorces and other court actions in which the individual is or has been involved.

(3) Treasurer's Office to determine vehicle ownership.

(4) Police reports will indicate living arrangements or addresses on tickets and reports.

j. Statements - Statements are provided whenever possible to determine what factual information a particular witness has and the relevance of these facts to the suspected fraud.

4. Expert Witnesses - In those cases involving an area of a high technical complexity the D.O.R. will find and provide an expert witness to resolve any questions regarding the validity or relevancy of that complex evidence. Welfare fraud cases deal with situations involving the relationship of a particular set of circumstances to the welfare rules and regulations. In these cases the expert witnesses identified will be able to define the circumstances on both sides of the question, information received and eligibility criteria used. Some of the expert witnesses who have been utilized to this point are:

a. S.R.S. Financial investigator. This individual has total knowledge of eligibility criteria for welfare programs and knowledge of the historical changes to eligibility criteria over the years.

b. Document Examiners. Document examiners can, when called upon, verify signatures on documents tying the questioned document back to the individual who is charged with the false statement.

c. S.R.S. Fiscal Bureau Chief. Department of S.R.S. Fiscal Bureau chief can testify to the flow of money from the initial application for assistance to the receipt of money by the welfare clients.

VI. Prosecutors discretion in resolving case and actions to be taken.

In 1981 and 1982, 94 cases of fraudulently obtaining assistance and/or theft were handled by county attorneys' offices in Montana; 67 of those cases resulted in a successful prosecution, 17 resulted in deferred prosecution, 5 had county attorney arranged resolutions and in 5 cases the county attorney elected not to file a charge or handle the case. Only two of these cases went to trial and in both of those cases the defendant was found guilty.

Once a case is brought to a county attorney the Department of Revenue's role becomes one of a follow-up investigator. The county attorney can utilize the investigator to do any additional work deemed necessary to complete the case.

The course of action from that point on is dictated by the county attorney's office. The Department of Revenue has interest in the case outcome for two reasons:

1. The Department of Revenue would like to see an arrangement made for restitution of at least the full amount fraudulently received.

2. The Department of Revenue is interested in the deterrent effect generated by an aggressive fraud prosecution program.

A. Prosecution

1. The following methods have been used by county attorneys' offices in filing complaints:

   a. Information filed in district court

   b. Complaint filed in justice court.

   Examples of papers and styles being used for informations, complaints, and deferred prosecutions are included.

In Justice Court No. ONE
of the State of Montana
In and for the County of Lewis and Clark

Before WILLIAM KOEPP, Justice of the Peace.

THE STATE OF MONTANA, Plaintiff,
vs.
Defendant.

Complaint

STATE OF MONTANA,
County of Lewis and Clark } ss.

PERSONALLY APPEARED before me this day

who, being first duly sworn according to law, complains and says:

That the above named defendant is accused by this complaint of the crime of

UNSWORN FALSIFICATION TO AUTHORITIES - a misdemeanor

which was committed as follows: The above-named defendant did, on or about the 21st day of October, 19 82, at the county of Lewis and Clark, in the State of Montana,

with the purpose to mislead Terry Frisch, a public servant, in performing his official function, knowingly made a false written statement to Terry Frisch, an Eligibility Technician with the Lewis and Clark County Welfare Department, which statement defendant did not then believe to be true, and purposely created a false impression in a written application for general assistance payments and food stamps, by knowingly omitting information necessary to prevent statements therein from being misleading, both for the purpose of unlawfully obtaining welfare benefits; such actions being in violation of Section 45-7-203(1)(a) and (b), MCA

contrary to the form, force and effect of the statute in such case made and provided and against the peace and dignity of the State of Montana.

SAID COMPLAINANT THEREFORE PRAYS That a warrant may be issued for the arrest of the above-named defendant and that she may be dealt with according to law.

Subscribed and sworn to before me this 25th day of October, A.D. 1982

Justice of the Peace.

AGREEMENT FOR DEFERRED PROSECUTION

THIS AGREEMENT made and entered into this 23rd day of February, 1983, by and between the Cascade County Attorney's office by Barbara E. Bell, Deputy County Attorney and [redacted] hereinafter referred to as Defendant;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, it is hereby admitted and agreed by Defendant as follows: that during the period of June - September 1978 and October 1979 she committed the offense of theft, contrary to MCA 45-6-301 (2) by receiving AFDC and Food Stamps to which she was not entitled by reason of her failing to report all of her income to the welfare department.

Defendant agrees to the deferment of prosecution for such offense for a period of twenty four (24) months during which time the Defendant will obey the law and refrain from unlawful conduct.

Defendant agrees that for violation of the terms and conditions of this Agreement, Defendant may be forthwith arrested and prosecuted for the offense contained herein and agrees that any delay in prosecution by reason of this Agreement shall not constitute grounds for asserting that the Constitutional right to a speedy trial has been violated since such delay has arisen only at the specific request of the Defendant by voluntarily executing this Agreement and Defendant so agrees and stipulates.

In addition to agreeing to obey all the laws and orders of a Court, if any, the Defendant agrees to these specific terms and conditions:

1. Defendant agrees to repay the Department of Social and Rehabilitation Services the sum of $1126.00 payable as follows: $50.00 per month from her by the 10th of the month each and every month. Said sum shall be payable to the order of Social and Rehabilitation Services and mailed to the Department of Social and Rehabilitation Services, Fiscal Bureau, P. O. Box 4210, Helena, Montana, 59604.

The Cascade County Attorney's office in consideration of Defendant not violating any of the terms of the Agreement agrees that for a period of twenty four (24) months from the date hereof it will defer the prosecution of Defendant for the offense contained herein.

It Further Agrees that at the conclusion of the term of deferment, this Agreement shall terminate and cease to have force or effect.

DATED this 23rd day of February, 1983.

Defendant

Barbara E. Bell
Deputy County Attorney

MOTION FOR LEAVE TO FILE INFORMATION

In the District Court of the First Judicial District of the State of Montana, in and for the County of Lewis and Clark

THE STATE OF MONTANA,

versus

Plaintiff,

Defendant

No. 5149

Motion for Leave to File Information and Leave to File

STATE OF MONTANA }
County of Lewis and Clark } ss.

Deputy, County Attorney of Lewis and Clark County,

moves the court for leave to file information charging Defendant

with committing the crime of THEFT, a felony - 2 Counts (Common Scheme)
(name of offense)

as specified in

Sections 45-6-301(4)(a),& (6), MCA
(statute, rule, or regulation)

The court is informed that ~~xxxxxxxx~~ between June, 1981 and March, 1982, at the County of Broadwater, State of Montana, the above-named defendant committed the offense of THEFT (Common Scheme), a felony, as specified in Sections 45-6-301(4)(a) & (6), MCA, as set forth more fully in Count I of the Information; and that between June 1982 and September, 1982, at the County of Lewis and Clark, State of Montana, the above-named defendant committed the offense of THEFT (Common Scheme), a felony, as specified in Sections 45-6-301(4)(a) & (6), MCA, as set forth more fully in Count II of the Information, said actions being contrary to the form, force and effect of the statutes in such cases made and provided and against the peace and dignity of the State of Montana.

November 19, 1982
(Date)

Dep. County Attorney in and for Lewis and Clark County, Montana

Subscribed and sworn to before me this 19th day of November, A D 19 82

(S E A L)

Notary Public for the State of Montana

Residing at Helena, Montana

My Commission expires Jan. 30, 19 83

Possible Punishment:

Upon reading the foregoing Motion for Leave to File Information it is hereby ORDERED that leave be granted to the above named County Attorney to file the information as prayed for

Bail is hereby set at $

Dated this day of November, A D 19 82

Judge

MOTION FOR LEAVE TO FILE INFORMATION

In the District Court of the First Judicial District of the State of Montana, in and for the County of Lewis and Clark

THE STATE OF MONTANA,

versus

Plaintiff,

[redacted]

and [redacted]

Defendants.

No. 4424

Motion for Leave to File Information and Leave to File

STATE OF MONTANA
County of Lewis and Clark } ss.

[redacted], County Attorney of Lewis and Clark County,

moves the court for leave to file information charging Defendants [redacted] and [redacted]

with committing the crime of THEFT (Common Scheme) - a felony
(name of offense)

[redacted] as specified in

Section 45-6-301(4)(a) and (6), MCA
(statute, rule, or regulation)

The court is informed that ~~xxxxxxxxxx~~ between May 22, 1980 and April 1, 1981, at the County of Lewis and Clark, State of Montana, the above-named defendants committed the offense of THEFT, a felony, in that they purposely or knowingly obtained or exerted unauthorized control over public assistance, to-wit: Aid to Dependent Children - $1,890.00; Food Stamps - $2,210.00; and Medical Assistance - $5,598.33, by knowingly making false statements to the Lewis and Clark County Welfare Department, namely, [redacted] stated there was no man in the home when in truth and in fact [redacted] resided in said home, and [redacted] made statements that he resided elsewhere when in truth and in fact he was residing in the subject home; said actions on the part of the defendants being part of a common scheme to defraud, and contrary to the form, force and effect of the statute in such case made and provided and against the peace and dignity of the State of Montana.

June 18, 1981
(Date)

[redacted]
County Attorney in and for Lewis and Clark County, Montana

Subscribed and sworn to before me this 18 day of June, A. D 19 81

(S E A L)

[redacted]
Notary Public for the State of Montana

Residing at Helena, Montana

My Commission expires Jan. 30, 19 83

Possible Punishment: Imprisonment in the state prison for a term not to exceed 10 yrs.

Upon reading the foregoing Motion for Leave to File Information it is hereby ORDERED that leave be granted to the above-named County Attorney to file the information as prayed for.

Bail is hereby set at $ [redacted]

Dated this [redacted] day of June, A. D. 19 81

[redacted]
Judge

INFORMATION

In the District Court of the First Judicial District of the State of Montana, in and for the County of Lewis and Clark

THE STATE OF MONTANA,
versus
Plaintiff,

[redacted]

Defendant.

No. 4914

INFORMATION

STATE OF MONTANA
County of Lewis and Clark } ss.

[redacted], County Attorney of Lewis and Clark County, deposes and says that ~~xxxxxxxxx~~ between May 22, 1980 and April 1, 1981,

at County of Lewis and Clark, State of Montana
(place)

the above-named Defendant committed the offense of
(name of offense)

THEFT - (Common Scheme), a felony

as specified in Section 45-6-301(4)(a) and (6), MCA
(statute, rule or regulation)

The facts constituting the offense are: that between May 22, 1980 and April 1, 1981, at the County of Lewis and Clark, State of Montana, the above-named defendant committed the offense of THEFT, a felony, in that she purposely or knowingly obtained or exerted unauthorized control over public assistance, to-wit: aid to dependent children - $1,890.00; food stamps - $2,210.00;and medical assistance - $5,598.33, by knowingly making false statements to the Lewis and Clark County Welfare Department, namely: by stating that there was no man in the home when in truth and in fact [redacted] resided in said home; said actions on the part of the defendant being part of a common scheme to defraud, and contrary to the form, force and effect of the statute in such case made and provided and against the peace and dignity of the State of Montana.

Possible Punishment: Imprisonment in the state prison for a term not to exceed 10 yrs.

A list of the possible witnesses for the state now known to the prosecution is as follows:

William Harrington
Linda Blixt
Sandra Wolff
Kathy Stehl
Lynn Roberts
Therese Blair
Dennis Stevens
Ceran Mikesell
Marvin Olsf
Charlie Baker
Fred Deleney
Shirley Jewort
Richard Williamson
Peter Alderman
Glen T. Childs
Terese Lightbody
Marilyn Lemm
Doris Annas
Mike Novak
Janet Wilfert
Richard Wilfert
John Willard
Bob Faure
Marlene Marshall
Josophie Isaak

Dated this 18 day of June, 19 81

County Attorney of Lewis and Clark County, Montana.

Subscribed and sworn to before me this 18 day of June, A. D. 19 81

(S E A L)

Notary Public for the State of Montana

Residing at Helena, Montana

My Commission expires Jan. 30, 1983

No.

In the District Court of the First Judicial District of the State of Montana, in and for the County of Lewis and Clark.

THE STATE OF MONTANA, Plaintiff

Versus

Defendant.

INFORMATION

Bail Set in Amount of $

District Judge

County Attorney in and for Lewis and Clark County, Montana

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF MONTANA,
IN AND FOR THE COUNTY OF LEWIS AND CLARK.

- - - - - - - - - - -

THE STATE OF MONTANA,)
Plaintiff,)
-vs-)
[redacted],)
Defendant.)

No. 4924
NOTICE TO APPEAR

- - - - - - - - - - - - -

TO: [redacted], DEFENDANT [redacted])

An information has been filed agalnst you in District Court, charging you with the offense of THEFT (Common Scheme), a felony. Your initial appearance in this matter has been scheduled for Wed, the 8th day of June, 1981, at the huur of 2 o'clock P.M., before The Honorable Gordon R. Bennett, Presiding Judge, at the Lewis and Clark Coun Courthouse in Helena, Montana.

Failure to personally appear at the above time and place, with or without counsel, will result in the issuance of a warrant for your arrest.

Dated at Helena, Montana, this 2 day of ~~June~~ July, 1981.

PGM
DISTRICT COURT JUD

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF MONTANA,
IN AND FOR THE COUNTY OF LEWIS AND CLARK.

- - - - - - - - -

THE STATE OF MONTANA,

Plaintiff,

-vs-

[redacted],

Defendants.

Nos. 4924 and 4924-A

MOTION TO PRODUCE

- - - - - - - - - - -

Comes Now Kevin C. Meek, Deputy County Attorney of Lewis and Clark County, and respectfully moves this Court to order the above-named defendants as follows:

1. To produce all documents, papers, or things which the defense intends to introduce into evidence. The Motion is made pursuant to Section 46-15-302(3)(a), MCA.

2. To produce copies of defendants' proposed jury instructions at least three (3) work days prior to trial.

3. To produce, at least five (5) work days prior to trial, the name or names, and addresses, of any expert witnesses defendants intend to call as a witness.

4. To produce, before voir dire begins, the names ~~and addresses~~ of all witnesses that defense intends to call.

In addition to the above, the State hereby notifies the defendants that if they are convicted, the State will rely on Section 46-18-201, MCA (1981), to impose upon defendants, the costs of this action.

WHEREFORE, the State respectfully requests the Court to order the defendants above-named to comply with the foregoing motions.

Dated this 14th day of October, 1981.

Kevin C. Meek

KEVIN C. MEEK, Deputy County Attorney of Lewis and Clark County

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF MONTANA,

IN AND FOR THE COUNTY OF LEWIS AND CLARK.

- - - - - - - - -

THE STATE OF MONTANA,

Plaintiff,

-vs-

[illegible],

Defendants.

Nos. 4924 and 4924-A

NOTICE

- - - - - - - - - - -

TO: [illegible] and [illegible], DEFENDANTS, and THEIR ATTORNEY

Notice is hereby given that the State's Motions to Produce filed in the above matter, will be brought on for hearing before the above-entitled Court, on the 20th day of October, 1981, at the hour of 2 o'clock P.M., before the undersigned Judge, at the Lewis and Clark County Courthouse in Helena, Montana.

Dated at Helena, Montana, this 14th day of October, 1981.

GORDON R. BENNETT

DISTRICT COURT JUDGE

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF MONTANA,

IN AND FOR THE COUNTY OF LEWIS AND CLARK.

- - - - - - - - - -

THE STATE OF MONTANA,)

Plaintiff,)

-va-)

[redacted]ESON,)

Defendant.)

No. 4924

SUBPOENA DUCES TECUM

- - - - - - - - - - - -

THE STATE OF MONTANA SENDS GREETING TO:

LINDA SLETTEN
Bookkeeping Dept.
Helena Medical Clinic
1930 Ninth Avenue
Helena, Montana

We Command You That All and Singular, business and excuses being laid aside, you appear and attend before our District Court of the First Judicial District of the State of Montana, in and for the County of Lewis and Clark, at the county courthouse in Helena, on the 8th day of April, 1982, at the hour of 2:00 o'clock P.M., then and there to testify in the above-entitled action now pending in said District Court, on the part of the Plaintiff, and bring with you all billing records involving treatment of any type administered by Dr. James E. Nickel for the above-named defendant during the month of February, 1981; and disobedience will be punished as a contempt of this Court.

WITNESS, The Honorable GORDON R. BENNETT, Presiding Judge of the First Judicial District Court, the Seal of said Court this 8th day of April, 1982.

CLARA GILREATH, Clerk

(S E A L)

By _____
Deputy Clerk

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF MONTANA,
IN AND FOR THE COUNTY OF LEWIS AND CLARK.

- - - - - - - - - - -

THE STATE OF MONTANA,)
Plaintiff,)
-vs-)
[illegible],)
Defendant.)

No. 4924

J U D G M E N T

- - - - - - - - - - - - -

The defendant, [illegible], her attorney of record, [illegible] and [illegible], Deputy County Attorney of Lewis and Clark County, appeared in open Court on the 8th day of April, 1982, for pronouncement of sentence, the defendant having previously entered a plea of guilty to the offense of Theft (Common Scheme), a felony. Witnesses were duly sworn and testimony was presented. Whereupon, the Court, having considered the testimony offered, and being fully advised in the premises, rendered its judgment as follows:

IT IS ORDERED, ADJUDGED AND DECREED:

1. That the defendant be sentenced to Montana State Prison for a term of Five (5) years, all of which is hereby suspended.

2. That the defendant shall make restitution to the State of Montana (Lewis and Clark County Welfare Department) as follows:

(a) Medical assistance for which she was not eligible	$1,351.98
(b) Food stamps for which she was not eligible	1,401.00
(c) Aid for dependent children for which she was not eligible	1,134.00
TOTAL	$3,886.98

3. That defendant shall, in addition to the restitution set forth in 2 above, pay a penalty on said amount of 125%, making the amount of restitution $4,858.72, plus interest thereon at the rate of Ten Percent (10%) from the date of sentencing until paid.

4. That defendant shall reimburse Lewis and Clark County for the costs of her court-appointed attorney in an amount to be determined and agreed upon by her attorney and the Court, plus interest on said amount at the rate of Ten Percent (10%), said interest to commence on the date of sentencing until such amount is paid in full.

5. That all monies ordered to be paid herein shall be paid by the defendant within four (4) years from the date of sentencing, at a rate and time schedule set up by the Lewis and Clark County Restitution Officer, compatible with defendant's ability to pay.

6. That defendant is forbidden from making application to any welfare agency of the State of Montana for any type of benefits whatsoever until she has paid in full all restitution ordered herein, including penalty and interest This prohibition shall include any type of step-child grants.

7. That defendant shall conduct herself as a law-abiding citizen throughout the period of suspension.

Dated at Helena, Montana, this 13th day of May, 1982.

/s/ J. R. B.
DISTRICT COURT JUDGE

cc- [illegible]
Defendant
[illegible]
[illegible]
[illegible]
[illegible]

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF SILVER BOW

STATE OF MONTANA,

Plaintiff,

-vs- No. 21-CR-37

, Defendant.

APPLICATION FOR LEAVE TO FILE AN INFORMATION BY AFFIDAVIT

STATE OF MONTANA)
: ss.
County of Silver Bow)

COMES NOW PATRICK FLEMING, Deputy County Attorney for Butte-Silver Bow, Montana, and after being first sworn upon oath, deposes and states:

That I am a Deputy County Attorney for Butte-Silver Bow, Montana; that I hereby request leave of this Court to file an information against charging him with the commission of a felony crime, to-wit: THEFT, a violation of Section 45-6-301(4)(a) M.C.A., 1979. The facts which establish probable cause for the filing of said information are as follows:

On or about August 20, 1980, the named Defendant, went to the Butte-Silver Bow County Welfare Office and made application for food stamps. In the food stamp application submitted to the Butte-Silver Bow Welfare Office, made a representation that his five (5) year old daughter, Reida Renee Whiteshield, was living with him at his residence at 222 West Gold Street, Butte, Montana. Based upon the information provided by Mr. the Butte-Silver Bow Welfare Department deemed that he was infact entitled to a food stamp allowance. Subsequent investigation by the Butte-Silver Bow Welfare Department revealed that the Defendant, had made a false representation in the application submitted by him on August 20, 1980. Specifically, it was discovered that Reida Renee Whiteshield

had never lived with the Defendant, [redacted], but had instead been living with her mother, Barbara Brady, in Ashland, Montana. Because of [redacted] representation that his daughter was living with him at 222 West Gold Street, Butte, Montana, the Butte-Silver Bow Welfare Agency issued [redacted] Three-Hundred and Eighteen ($318.00) dollars in food stamp coupons to which he was not entitled.

Based on the foregoing, it is the County Attorney's position that the Defendant, [redacted] purposely or knowingly obtained or exerted unauthorized control over public assistance, as defined in Section 53-3-101, by means of a knowingly false statement, representation or impersonation. And, since the amount involved exceeds $150.00 dollars, it is the County Attorney's position the Defendant has committed a felony offense.

WHEREFORE, THE County Attorney's Office hereby requests leave of Court to file an Information charging [redacted] with the commission of a felony crime, to-wit: THEFT, in violation of Section 45-6-301(4)(a) M.C.A., 1979.

DONE and DATED this _____day of August, 1981.

ROBERT M. McCARTHY
COUNTY ATTORNEY

BY_____
PATRICK FLEMING
DEPUTY COUNTY ATTORNEY

SUBSCRIBED and SWORN to before me this 4th day of August, 1981.

/s/ Margie Wilson
NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT BUTTE, MONTANA
MY COMMISSION EXPIRES 8/8/85

In the District Court of the Second Judicial District of the State of Montana

IN AND FOR THE COUNTY OF BUTTE-SILVER BOW

THE STATE OF MONTANA, Plaintiff,

versus

.....

.....

.....

.....

Defendant.....

No. 81-CR-[illegible]

INFORMATION FOR a felony, to-wit: THEFT.

FILED

AUG 14 1981

DAN BUKVICH, CLERK

By ..... DEPUTY CLERK

In the above entitled Court, on this 14th day of AUGUST, A. D. 19 81,

by leave of Court, first had and obtained, ...

.....is accused by Robert M. McCarthy, County

Attorney in and for the County of Butte-Silver Bow, State of Montana, by this information, of the crime of

a felony, to-wit: THEFT in violation of Section 45-6-301 (4)(a)

M.C.A. 1979

committed as follows, to-wit:

That in the County of Butte-Silver Bow, State of Montana, on or about the 20th and dates thereafter, A. D. 19 81, and before the filing of this information, the said defendant .....

purposely or knowingly obtained or exerted unauthorized control over public assistance as defined in Section 53-3-101, by means of a knowingly false statement, representation or impersonation. The amount of public assistance involved exceeds $150.00. Said acts are in violation of the above cited statute.

.....

.....

.....

.....

.....

.....

.....

contrary to the form, force and effect of the statute in such case made and provided, and against the peace and dignity of the State of Montana.

ROBERT M. McCARTHY

County Attorney in and for

The County of Butte-Silver Bow, Montana

By Patricia Flynn

Deputy County Attorney

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF SILVER BOW

STATE OF MONTANA,

Plaintiff,

-vs- 81-CR-

Defendant.

AUG 1981
DEPUTY CLERK

J U D G M E N T

This matter came before the Court on August 24, 1981. The State of Montana was present and represented by Deputy County Attorney PATRICK FLEMING. The Defendant, was present in Court together with his attorney, ESQ. The Honorable Arnold Olsen was presiding in the District Court of the Second Judicial District of Montana in and for the County of Silver Bow.

August 24, 1981 was the time set for the arraignment of the Defendant, The Defendant had been charged on August 14, 1981 with the felony offense of THEFT, a violation of Section 45-6-301(4)(a) M.C.A. 1979.

The Defendant, in open Court, received a copy of the information and discussed the same with his counsel, ESQ. Thereafter, the Honorable Arnold Olsen advised the Defendant of the crime charged, the maximum penalty for said crime, and the implications of a Guilty or Innocent plea. The Defendant acknowledged that he understood the consequences of the crime charged and he indicated that he was prepared to enter a plea at that time. Thereafter, the Defendant plead GUILTY to the crime charged, to-wit: THEFT, and indicated that he was prepared for sentencing at that time.

After carefully considering the entire record;

IT IS THE JUDGMENT of this Court that the Defendant, is Guilty of a felony crime, to-wit: THEFT, a violation of Section 45-6-301(4)(a) M.C.A. 1979.

IT IS THE DECISION OF THIS COURT that the Defendant, , is a proper candidate for a deferred imposition of sentence.

NOW THEREFORE, it is hereby Ordered, Adjudged and Decreed that the sentencing of the Defendant, shall be deferred for a three (3) year period, subject to the following conditions:

(1) The Defendant, , shall report immediately to the Probation and Parole Office at 1317 Kaw Avenue, Butte, Montana, there to sign an agreement such as is signed by a parolee from the Montana State Prison. Thereafter, the Defendant, shall submit himself for supervision to said agency during the entire period of his deferred imposition of sentence.

(2) The defendant, , shall make restitution in the sum of Three-Hundred and Ninety Seven Dollars and Fifty-Cents ($379.50). Said restitution shall be paid to the Silver Bow County Attorney's Office according to the following schedule:

(a) Two-Hundred and Fifty ($250.00) Dollars shall be paid by the Defendant on or before the last day of September, 1981.

(b) The remainder of said restitution, One-Hundred and Forty-Seven Dollars and Fifty-Cents ($147.50), shall be paid to the Silver Bow County Attorney's Office on or before December 31st, 1981.

Defendant was advised in Open Court that failure to comply with the above-described conditions of his deferred imposition shall constitute grounds for bringing him before this Court for imposition of sentence. If after notice and hearing on the issue, the Defendant is found to have violated any of the above-described conditions, he shall be subject to a possible penalty of ten (10) years in the Montana State Penitentiary. The Defendant acknowledged that he understood the implications of the deferred imposition of sentence.

DONE and DATED this 31 day of August, 1981.

DISTRICT COURT JUDGE

2. Recovery of Funds. Due to the amount of money that can be involved in these thefts, extension of suspended sentences or probation periods to the maximum 10 years is often necessary. This period of time allows for the individual to make payments of a manageable amount over a longer period of time. DOR suggests any order or agreement contain at least the full amount of the theft and when practical the 25% penalty. The length of probation also gives the Department of S.R.S. and the county some assurance the individual will make the payments.

3. Sentencing. Neither the Department of Revenue nor the Department of S.R.S. takes any part in sentencing. It is recognized as a discretionary area within total control of the prosecution in plea bargained cases and control of the court in all other cases.

a. Some recent sentences include:

(1) 3 years in the state prison with 125% restitution to be paid after release.

(2) Up to 10 years in the state prison with all of the jail time suspended on the condition that restitution is made in an amount equaling 125% of the theft.

(3) Deferred sentence with 125% restitution.

(4) Jail time up to 90 days with or without restitution.

(5) Disqualification from the Food Stamp Program for up to 18 months combined with any of the above.

b. Deferred Prosecution. In those cases where the county attorney elects not to prosecute, he/she has the ability to obtain restitution by means of a deferred prosecution contract. The county attorney and the recipient agree to a payment schedule and enter into a contract that waives the statute of limitations for prosecution for the period of time the repayment is to be made.

This arrangement is useful in cases where the welfare recipient exhibits a ready willingness to pay and nothing indicates the individual may flee.

The drawback to such an arrangement is the defendant's willingness to participate for awhile and then discontinue payment. Reestablishing contact with witnesses and relocating the evidence that was

at hand when the case was first presented may be extremely difficult.

c. Informal Repayment Agreement. In those cases involving a small amount of restitution or when the county attorney feels there is no question regarding the defendant's intention and ability to repay the amount, informal repayments have been arranged. Of the three methods for restitution the informal agreement is the least desirable as it does not provide for continuity of enforcement when the county attorney involved with monitoring the repayment changes.

d. County Election not to File Case. When a county attorney elects not to handle the case for whatever reason he/she deems appropriate, he/she is asked to return the case to the D.O.R. for closure. Once D.O.R. closes the case the Department of S.R.S. has the option to pursue civil action for judgment.

4. Collection of Restitution.

a. The method of collection. Methods currently in use vary depending on the local area facilities and past practices. Most counties use one of the following:

(1) Payments to the Clerk of the Court. These payments are collected at the county level and then dispensed to the state either as they are received or periodically or when payment is made in full.

(2) Payments through the Court Restitution Officer. Those areas having court restitution officers use this method for payments. The money is then sent to the state in the same way it is distributed by the Clerk of the Court.

(3) Payments made directly to S.R.S. Direct payments to S.R.S. can be made by the defendant in compliance with the court order or county attorney agreement.

b. Monitoring collections. If the restitution ordered is the result of a county attorney's actions, the Department of Revenue will monitor the payments. The Department of Revenue receives a monthly report of all such cases and notifies the county attorney of any situations where payment is not being made.

VII. Summary. The amount of taxpayer dollars lost annually in Montana by theft of welfare funds may run into the millions each year. The total amount of public assistance paid in Montana in 1982 was roughly one hundred and twenty million dollars. If just two percent of that amount were obtained fraudulently it would represent two and one half million dollars a year. Such a potential loss cannot be ignored.

The Department of S.R.S. has taken steps to weed out and to discover welfare cheaters and the Department of Revenue has upgraded its fraud investigation effort. County attorneys and courts can make the effort even more fruitful. If all four groups address the problem with the goal of making a considerable reduction in this crime, the benefits can be considerable. An aggressive investigation and prosecution program not only recovers lost funds but it also acts as a deterrent to individuals who may think about trying to copy those who had been getting away with the theft. I hope we can all work together for a reduction in this taxpayer dollar loss and to strengthen our public welfare programs.

MONT. DSRS

APPLICATION
REDETERMINATION FOR ASSISTANCE

EA–1A
Page 2 of 5

▶ PLEASE PRINT CLEARLY ◀ H H No.

COLUMNS: A	B	C	D	E	F	G
Print the names of all persons who live in your present household (First, Middle Initial, Last)	Birthdate Mo./Day/Yr and Birthplace	Sex M/F	Relationship to Applicant	Social Security Number and Indian Enrollment Number	Full Time Student? Yes or No	Child Support Code See Item 22 Below
1 (Man)	/ /			SSN / IE		
2. (Woman) (Maiden)	/ /			SSN / IE		
3	/ /			SSN / IE		
4	/ /			SSN / IE		
5.	/ /			SSN / IE		
6.	/ /			SSN / IE		
7.	/ /			SSN / IE		
8.	/ /			SSN / IE		
9	/ /			SSN / IE		

TO LIST ANY ADDITIONAL PERSONS WHO LIVE IN YOUR HOUSEHOLD, ASK FOR PAGE 2A, FORM EA–1A

22 COLUMN G ENTRY. Print one of the following code letters that shows the reason why the parent cannot support each Child that is listed above. If both Parents are in the home, pick the code that applies to the Father. If there is an absent parent, choose the code letter that applies to the absent parent.

CODE:
1. Separation (SP)
2. Unemployed Parent (UP)
3 Divorce (DV)
4. Unmarried–Paternity (PE) Established

CODE:
5. Desertion (DS)
6. Incapacity (IC)
7. Medical Institution (MI)
8 Unmarried–Paternity (NE) Not Established

CODE:
9 Jail, or Prison (JP)
10. Death (DE)
11. Armed Forces (AF)
12. Deported (DP)

23. If the parent is absent from the home, how long has he been gone? months

24 Are there any members of your household that do NOT need assistance? ☐ Yes ☐ No
If "YES," list their names here.

25. Have you received any money from any other Welfare Agency in the last 4 months? ☐ Yes ☐ No
When: Mo. ... Day Yr. Where

26. Do you intend to make your home in Montana? ☐ Yes ☐ No How long in present county Months
County of Legal Residence Current Address

27. *MONTHLY EXPENSES:*

RENT:	$	MORTGAGE PAYMENT:	$	WATER:	$
LIGHTS:	$	TAXES:	$	SEWER:	$
HEATING FUEL:	$	TELEPHONE:	$	OTHER:	$
MEDICAL PAYMENT	$	SUPPORT and ALIMONY	$		

Employment Registration and Related Data:

40. Are you currently registered for work at the local employment office?	☐ Yes ☐ No
41. Have you filed for unemployment, or workmen's compensation?	☐ Yes ☐ No
42. Have you been out of work for 30 days, or more?	☐ Yes ☐ No
43. Have you refused a job in the last thirty days?	☐ Yes ☐ No
44. Are you currently working 100 hours, or more, in a month?	☐ Yes ☐ No
45. If your answer to 44 was YES, list the details here:	

46. *EMPLOYMENT HISTORY FOR THE LAST 3 YEARS. (List the most recent employer first.)*

DATA FOR APPLICANT					DATA FOR SPOUSE OF APPLICANT				
Employer's Name	City	State	From	To	Employer's Name	City	State	From	To

50. **LISTING OF ASSETS.** Print the estimated dollar ($) value of the assets listed below that YOU, OR YOUR SPOUSE, OR ANY OTHER MEMBER OF YOUR HOUSEHOLD possess. If YOU, or any member of your household DO NOT HAVE the asset listed below, then place a √ in the column marked "NONE." Personal clothing and household furniture should not be listed below. An entry is required for each asset line.

ASSETS	√NONE	Yours	Spouse	Others	ASSETS	√NONE	Yours	Spouse	Others
Checking Account(s)		$	$	$	Automobile No. 1		$	$	$
Savings Account(s)		$	$	$	Automobile No. 2		$	$	$
Money NOT in a Bank		$	$	$	Truck		$	$	$
Credit Union Shares		$	$	$	Trailer or Camper		$	$	$
Savings Bond(s)		$	$	$	Boat or Snowmobile		$	$	$
Retirement Fund		$	$	$	Motorcycle		$	$	$
Stocks or Bonds		$	$	$	Tools, hand & powered		$	$	$
Burial Funds		$	$	$	Farm, Business Equipmt.		$	$	$
Real Estate Used as Home		$	$	$	Livestock or Poultry		$	$	$
Other Real Estate		$	$	$	Safety DP, CD, etc		$	$	$

51. Do you, or your spouse, have any life insurance? ☐ Yes ☐ No Company
Face Value $ Cash Value $ Policy No.

52. In the last 5 years, have you, or any member of your household, sold or given away, a house, building, real estate, or other property to another person(s)? ☐ Yes ☐ No
If your answer is "YES" list the details in item 60, supplemental page.

60. INCOME LISTING. Print the amount of money received by YOU, YOUR SPOUSE, or any other member of your household in the correct column, below. If you DO NOT RECEIVE income from the sources listed below, make a √ in the "NONE" column. For any income that you receive but is not listed in column A, below, print the amount in the line marked "ANY OTHER INCOME."

A	B	C	D	E	F
TYPES OF INCOME	√NONE	YOURS	SPOUSE	OTHERS	How Often Received
UNEMPLOYMENT COMPENSATION		$.	$.	$.	
WORKMEN'S COMPENSATION (IA)		$.	$.	$.	
SOCIAL SECURITY BENEFITS		$.	$.	$.	
RAILROAD RETIREMENT		$.	$.	$.	
VETERANS ADMINISTRATION BENEFITS		$.	$.	$.	
RETIREMENT OR PENSION INCOME		$.	$.	$.	
ARMED FORCES ALLOTMENT		$.	$.	$.	
ALIMONY AND CHILD SUPPORT		$.	$.	$.	
RELATIVE CONTRIBUTIONS		$.	$.	$.	
INCOME FROM MORTGAGE, or Sales Contract		$.	$.	$.	
RENT FROM REAL ESTATE PROPERTY		$.	$.	$.	
INCOME FROM ROOMERS, or Boarders		$.	$.	$.	
INTEREST FROM SAVINGS ACCOUNT		$.	$.	$.	
MONEY FROM INDIAN TRIBAL FUNDS B.I.A., and/or I.I.M.		$.	$.	$.	
OIL OR MINERAL BENEFITS		$.	$.	$.	
ANY OTHER INCOME		$.	$.	$.	

If you expect to receive income from any of the above sources, explain in Block 80.

COMPLETE THIS SECTION IF ANY MEMBER OF HOUSEHOLD IS EMPLOYED

61. GROSS PAY (Before Deductions)		$.	$.	$.	
62. List your REQUIRED DEDUCTIONS, but only if you entered Gross Pay above.					
a. Income Taxes (Federal)					
b. State of Montana Taxes					
c. Social Security					
d. Other required deductions; Union Dues, Medical, etc.					
e. Transportation to and from work					
f. Other work deductions, uniforms, etc.					
g. Retirement					

63. If you are self-employed, we will need a copy of your last income tax return.

Medical Problems and Related Data.

70. If the Applicant, or Spouse, is *unable* to work, list the reason(s) here _____

71. If any member of your household is pregnant, list the name of the person and expected date of birth _____

72. Is any member of household currently covered by Health, Accident or Hospital Insurance? If "YES" enter the company name here. ☐ Yes ☐ No

73. Is another person, or company, responsible for medical care that you or any member of your family is receiving, or has received? ☐ Yes ☐ No

74. Do you owe money for medical care that you, or any family member received in the last three months? ☐ Yes ☐ No

75. Do you make regular payments on medical bills, or medical insurance premiums? ☐ Yes ☐ No

If "YES", provide payment information below:

	AMOUNT PAID	PAID HOW OFTEN
a. Medical Bills (Doctor or Hospital)		
b. Health, Accident or Hospital Insurance		
c. Prescribed Medication		
d. Any other medical expense(s)		

76. Responsible relative NAME _____ ADDRESS _____ RELATION _____

80. Use this block for additional details or explanation of previous blocks.

90. BE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS ON FORM EA [illegible] AND [illegible] CARE FULLY THE FOLLOWING STATEMENT BEFORE YOU SIGN.

I declare that this statement has been examined and filled out by me and to the best of my knowledge and [illegible] I understand that any misstatement will be investigated and prosecuted. I further [illegible] all facts concerning any income or sources received by me and or my dependents and [illegible] dependents for whom I have applied for assistance.

I understand I can appeal for a fair hearing to the State Department of Social Rehabilitation Services [illegible] the promptness of the action on my application, with the decision, or with the amount of assistance [illegible]

I have been informed of the availability of Family Planning and early screening and [illegible] Welfare Office.

I understand that this Declaration of Facts may be investigated by the Department [illegible] EA—4 and EA29 and help in such an investigation by presenting proof of the statements [illegible]

I hereby release all medical providers from any liability based on their release of [illegible] Social and Rehabilitation Services to obtain such confidential information as is required for their [illegible] for assistance for.

(APPLICANT OR GUARDIAN – SIGN HERE)	Date	(SPOUSE OF THE APPLICANT – Sign Name Here)	Date

91. If the applicant CANNOT write, or sign his name above, a Mark will be used instead of a signature, one witness is then required to verify the applicant's Mark and complete 92 below.

92. Witness's Signature (When Required)	Date	Witness Address & Zip Code

Date _____ [illegible] Signature

APPENDIX B - Food Stamp Application

SRS-FS-1 (rev 11/81) MONTANA DEPT OF SOCIAL & REHABILITATION SERVICES
Economic Assistance Division Food & Nutrition Services

FORM APP OMB NO 40-R40-5

For Office Use Only

Case Number: _____

Date received _____

APPLICATION FOR FOOD STAMPS - PART 1

STEP 1 Complete Page 1

To begin to apply for food stamps you can complete this first page tear it off and give it to us We are required to take action on your application within 30 days from the date you give us this first page So the sooner you give us the first page, the quicker you will know whether you will receive food stamps Next, go to Step 2

STEP 2 Complete Pages 2 6

PAGES 2 6 MUST BE COMPLETED BEFORE WE CAN SEE IF YOU'RE ELIGIBLE FOR FOOD STAMPS You can return pages 2 6 to us along with the first page or at the time of the interview we will schedule for you Try to fill out as much as possible now Your Eligibility Technician will help you with the rest during the interview

Your Name _____ Phone no where you can be reached _____

Mailing Address _____ City _____ State _____ Zip Code _____

If you don t have a street address tell us how to get to your home _____

_____

_____

Sign here _____ Today's Date _____

IF YOU NEED FOOD STAMPS RIGHT AWAY

If your household (you and the people who live and eat with you) has little or no income right now, you may be able to receive food stamps within a few days Answer the following questions only if your household has little or no income and needs food stamps right away

INCLUDE AS HOUSEHOLD MEMBERS, THE FOLLOWING PEOPLE WHO LIVE TOGETHER
- Parents and children under age 60
- Parents age 60 or older, if they live and eat meals with the other household members
- Other people who live and eat with you (except roomers and boarders).

Have you ever applied for food stamps before? ☐ Yes ☐ No

If yes, where did you apply for them last? _____

And, when did you get food stamps last? _____

Has anyone in your household received any money so far this month? ☐ Yes ☐ No

If yes, how much? $ _____

Did your household s only income recently stop? ☐ Yes ☐ No

If yes, when? _____

Does anyone in your household expect to receive income later this month? ☐ Yes ☐ No ☐ Don't Know

If yes, how much? $ _____ When? _____

If you are not employed at this time when did your last job end? _____ ☐ Quit ☐ Fired or laid off

How many people live in your home and eat with you? (include yourself) _____

Is anyone in your household 60 years or older? ☐ Yes ☐ No

Is anyone in your household receiving Supplemental Security Income (SSI) benefits or Social Security Disability Payments?

☐ Yes ☐ No

How much do the members of your household have in cash and savings? (give your best estimate of the total)

$ _____

APPLICATION FOR FOOD STAMPS - PART 2

Answer the following questions honestly and completely If you knowingly refuse on purpose to give any needed information, your household (you and the people who live and eat with you) won't be eligible for food stamps

You may complete this form at home and mail it or bring it to the food stamp office Or, another member of your household, or an adult who knows you, may complete and return it to us

IMPORTANT: *When you are interviewed, please bring proof of all household income - for example pay stubs and award letters for government benefits (such as SSI or Social Security). You will also need Social Security cards for people in your household who are age 18 or over We may also need the following items statements of all household savings and checking accounts; vehicle registration slips; rent or mortgage receipts, & utility bills If someone in your household is age 60 receives Social Security Disab Benefits or Supple Security Income benefits you may need to bring in your medical bills*

Having these items with you could speed up your application.

Your Name: _____

Mailing address: _____

City _____ State _____ Zip code _____

HOUSEHOLD MEMBERS:

Fill in all blanks for each household member, including yourself For each person who is not a citizen, you will need to show the food stamp office an alien registration card, such as INS Forms I-151, I-551, I-94, or a Re-entry Permit

INCLUDE AS HOUSEHOLD MEMBERS, THE FOLLOWING PEOPLE WHO LIVE TOGETHER
- Parents and children under age 60
- Parents age 60 or older, if they live and eat meals with the other household members
- Other people who live and eat with you (except roomers and boarders)

The submission of the Social Security Number (SSN) for all household members 18 years and over and those children under 18 years with countable income is mandatory under the Food Stamp Act of 1977 as amended by PL 96 58 (7 U S C 2025 E) Your SSN will be used in the administration of the food stamp program to check the identity of household members, prevent duplicate participation and to facilitate making mass changes. Your SSN will also be used in computer matching and program reviews or audits to make sure your household is eligible for food stamps This may result in criminal or civil action or administrative claims against persons fraudulently participating in the Food Stamp Program

Name	Birthdate	SSN	Is this person a U S citizen? (Yes or No)

(Attach a separate sheet if you need more room.)

c. ... anyone in your household owns or are buying? If you check "Yes", give value.

a. Checking account: ☐ Yes ☐ No Value $ _____
b. Savings account: ☐ Yes ☐ No Value $ _____
c. Cash on hand: ☐ Yes ☐ No Value $ _____
d. Stocks or bonds, etc.: ☐ Yes ☐ No Value $ _____
e. ... ☐ Yes ☐ No Value $ _____
f. Livestock: ☐ Yes ☐ No Value $ _____
g. Sources ... ☐ Yes ☐ No Value $ _____
h. Cars, trucks, motorcycles, ... ☐ Yes ☐ No Value $ _____

If ... year, make, and model of each vehicle

Year	Make	Model	Year	Make	Model

i. Real estate, such as home, farm, or land or buildings you own ☐ Yes ☐ No Value $ _____

If yes, you will be asked to give information about the value of the property, any amount owed, and how the property is used

j. Do you have any ... (the ... ☐ Yes ☐ No Value $ _____

If ... things owned or being purchased. Do not list household items or personal effects

_____

B2

Have you transferred, sold, or given away any houses, lots, land, money, etc., within the last 3 months? ☐ Yes ☐ No

If yes, ... and explain _____

_____

INCOME FROM WORK

Fill in ... each household member with a full or part-time job. If a member has more than one job, list each job separately. Include members who receive income from AFDC, GA, or WIN. Do not include self-employed household members.

Household Member	Name of Employer	Amount of each paycheck before deductions such as taxes, retirement or union dues are taken out	How often paid

Is anyone in your household self-employed? ☐ Yes ☐ No *If yes, give their names:*

_____

Please bring last year's Federal Tax Forms for **self-employed** members of your household. Or, if no such tax forms were filed last year, bring proof of self-employment costs and income.

Has anyone in your household quit a job in the last 60 days? ☐ Yes ☐ No

If yes, what was the date they quit? _____

OTHER INCOME AMOUNTS

Source of income	Household members who receive this income	Amount of each check or payment	How often received
AFDC (Aid to Families with Dependent Children			
Social Security – Blue/green checks			
SSI (Supplemental Security Income) – Gold checks			
GA (General Assistance)			
VA (Veterans Benefits)			
Pensions/retirement income			
Unemployment or Workers' Compensation			
Child support & alimony			
Money from friends or relatives (other than loans)			
Other (specify) - such as per capita, lease or rental income			

ROOMERS AND BOARDERS: *(Do not include people listed as household members.)*

Does anyone pay you for meals, a room, or both? ☐ Yes ☐ No *If yes, complete the following*

Name	How much do they pay you?	How often

MEDICAL:

Please list medical expenses for any household member who is age 60 or over or who receives Supplemental Security Income (SSI) benefits or Social Security Disability payments.

	Amount	How often is each payment due?
Medical & dental services		
Hospital or nursing care		
Health insurance & Medicare payments		
Drugs prescribed by a doctor		
Dentures, hearing aids & eyeglasses		
Transportation costs to get medical care		
Services of an attendant or nurse		
Other (explain)		

Please list the names of household members who have these expenses _____

_____

DEPENDENT CARE

Does anyone in your household pay for someone to babysit, care for a child or a disabled adult so that a member can get work or training or look for a job? ☐ Yes ☐ No

If yes, how much do you pay? $ _____ How often? _____

Who provides this care? Name _____

Address _____ Telephone number _____

SHELTER:

Please list the amount your household is billed for each of the following items

	Amount	How often is each payment due?
Rent or mortgage payment		
Property taxes (if not included in mortgage)		
Insurance on home (if not included in mortgage)		

UTILITIES:

Check the box next to the utility costs you pay and list the amount you are billed. If you don't list the amount you are billed, we'll use a standard amount to compute your benefits. But if your utility bills are higher than our standard amount, listing them below may help you receive more food stamps.

	Amount	How often do you get a bill?
Telephone (basic rate)		
Electricity		
Gas for heating & cooking		
OR		
Water & sewer service		
Garbage & trash		
Installation of utilities		
Other (coal, wood)		

Does anyone outside your household pay, or help you pay, any of the medical or shelter costs you've listed above, such as, the Energy Assistance program for your fuel, the Department of Housing and Urban Development (HUD) or the Bureau of Indian Affairs (BIA) for your rent or house payment, and so on? ☐ Yes ☐ No

If yes, which bills do they pay? How much do they pay? _____

STUDENTS:

If there are students in your household who are (1) between the ages of 18 and 60 and (2) not in high school, complete the following:

Name of Student	School or Program	Hours of Class per week
1.		
2.		
3.		

If any of the students listed above receive educational grants, scholarships or loans, complete the following:

Name of Student	Total amount of grants, scholarships or loans	Mos. covered by grants, scholarships or loans	Tuition and mandatory fees
1.			
2.			
3.			

YOUR RACIAL / ETHNIC HERITAGE

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Laws. In no instance will this information be used in considering your application.

If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

☐ Black, not of Hispanic origin ☐ Hispanic ☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native ☐ White, not of Hispanic origin

AUTHORIZED REPRESENTATIVE

You can authorize someone outside your household to get your food stamps for you or to use them to buy food for you. If you would like to authorize someone, write the person's name below.

Name _____ Phone no. _____

Address _____

PENALTY WARNING

IF YOUR HOUSEHOLD RECEIVES FOOD STAMPS, IT MUST FOLLOW THE RULES LISTED BELOW. ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THESE RULES ON PURPOSE CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 3 MONTHS TO 2 YEARS, FINED UP TO $10,000, IMPRISONED UP TO 5 YEARS, OR BOTH, AND SUBJECT TO PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

- DO NOT give false information, or hide information, to get or continue to get food stamps.
- DO NOT trade or sell food stamps or authorization cards.
- DO NOT alter authorization cards to get food stamps you're not entitled to receive.
- DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco.
- DO NOT use someone else's food stamps or authorization cards for your household.

YOUR SIGNATURE

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documents to prove what I've said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the food stamp office may contact to obtain the necessary proof.

I ALSO UNDERSTAND THAT I AM REQUIRED BY STATE AND FEDERAL LAW TO REPORT TO THE COUNTY FOOD STAMP OFFICE ANY CHANGES IN INCOME AND MEDICAL COSTS OF MORE THAN $25 PER MONTH, ANY CHANGES IN THE SOURCE OF INCOME, CHANGES IN RESOURCES IF THEY REACH OR EXCEED $1,500, CHANGES IN HOUSEHOLD SIZE, CHANGES IN THE NUMBER OF VEHICLES, ANY CHANGES IN ADDRESS AND ANY RESULTING CHANGE IN SHELTER COSTS. I FURTHER UNDERSTAND THAT I MUST REPORT THESE CHANGES WITHIN 10 DAYS AND THAT THE FAILURE TO DO SO MAY RESULT IN A LOSS OF PROGRAM BENEFITS AND IN POSSIBLE CRIMINAL PROSECUTION OR PENALTIES AS PROVIDED BY LAW.

Your Signature: _____ Today's Date _____

Witness: (if you signed with an X) _____

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political beliefs.

STATE OF MONTANA
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
LOW INCOME ENERGY ASSISTANCE AND WEATHERIZATION PROGRAM
APPLICATION

HEAD OF HOUSEHOLD INFORMATION

SOCIAL SECURITY #

LAST NAME | FIRST NAME | MIDDLE INITIAL

ST ADDRESS | PO BOX | CITY

STATE | ZIP | COUNTY

PLEASE PRINT CLEARLY USE INK

APPLICATION FOR ____ ENERGY ASSISTANCE AND/OR ____ HOME WEATHERIZATION

C1

TE OF HEATING FUEL VENDOR DEALER

MARY HEATING FUEL (CHECK ONE
__ 1 NATURAL GAS
__ 2 ELECTRICITY
__ 3 PROPANE
____ 4 WOOD
____ 5 COAL
____ 6 FUEL OIL

FUEL VENDOR ACCOUNT NUMBER

NUMBER LIVING IN HOUSEHOLD (ENTER NUMBER) ____

NCOME SOURCES OF INCOME ASSISTANCE (CHECK AS MANY AS APPLY)
__ 1 AFDC
__ 2 FOOD STAMPS
__ 3 SS
__ 4 VA
____ 5 GENERAL ASSISTANCE
____ 6 SOCIAL SECURITY
____ 7 SELF EMPLOYMENT
____ 8 SALARIED EMPLOYMENT

HEAD OF HOUSEHOLD BIRTHDATE ___/___/___ MM DD YY

FOR OFFICE USE ONLY

VENDOR CODE
ACTION TAKEN
____ 1 APPROVED
____ 2 CHANGE (REDETER.)
DATE ___/___/___ MM DD YY
____ 3 DENIED
REASON ____ DATE ___/___/___
ADJ. ANNUAL INCOME $____
REGARDLESS OF DEDUCTIONS
IS THIS AMOUNT LESS THAN
125% OF POVERTY
____ YES
____ NO
TYPE OF UNIT ____
OF BEDROOMS ____
FULL MATRIX AMOUNT ____

BENEFIT ADJUSTMENTS (CORE PAYMENTS CREDITS ETC.)

	AMOUNT	DATE	TYPE	VENDOR
1	$	___/___/___		
2	$	___/___/___		

APPLICATION DATE ___/___/___
SECTION DATE ___/___/___
INELIGIBLE DATE ___/___/___
TYPE ____ WORKER ____
WORKER (SIGNATURE)

IS HOME RENTED ____ YES ____ NO
DOES YOUR RENT PAYMENT INCLUDE UTILITIES
____ YES ____ NO

PE IN HOUSEHOLD
1 60 YEARS OF AGE OR OLDER
2 DISABLED

, WAS HOME BEEN WEATHERIZED ____ YES ____ NO

NOT REQUIRED TO PROVIDE INFORMATION IN THIS BLOCK

TATUS OF APPLICANT (CHECK ONE)
1 WHITE
2 HISPANIC
3 BLACK
4 INDIAN OR NATIVE ALASKAN
5 ASIAN OR PACIFIC ISLANDER

SEX OF APPLICANT
____ 1 FEMALE
____ 2 MALE

[illegible] RECEIVED ENERGY ASSISTANCE FROM ANY OTHER SOURCE EITHER IN THE FORM OF PAYMENTS OR REDUCTIONS TO YOUR MONTHLY RENT? ☐ YES ☐ NO

(YES WHOM) ____ PROGRAM OR AGENCY NAME

(2) HAVE YOU RECEIVED ENERGY ASSISTANCE THROUGH ANY OTHER AGENCY IN MONTANA THIS WINTER FOR THESE PROGRAMS? ☐ YES ☐ NO

(3) HOUSING TYPE (Check One) ☐ SINGLE FAMILY UNIT (Includes double wide mobile home) ☐ MULTIPLE FAMILY UNIT (Includes apartments and duplex) ☐ SINGLE WIDE MOBILE HOME

(4) NUMBER OF BEDROOMS IN HOME (Check One) ☐ ONE ☐ TWO ☐ THREE ☐ FOUR OR MORE

(5) IF YOUR HOME HAS PREVIOUSLY BEEN WEATHERIZED

NAME OF AGENCY THAT DID THE WORK OR PROVIDED THE FUNDS

(6) IF PROVIDED WITH THE MATERIALS COULD YOU WEATHERIZE YOUR HOME YOURSELF? ☐ YES ☐ NO

ENTER INFORMATION FOR ALL HOUSEHOLD MEMBERS FOR 12 MONTHS PRIOR TO DATE OF APPLICATION

A ENTER NAME B ENTER SOC. SECURITY # C ENTER BIRTHDATE	SOURCE OF INCOME (name of employer, etc.)	RECEIVED (weekly, monthly, etc.)	12 MONTH TOTAL
1 A			
B			
C			
2 A			
B			
C			
3 A			
B			
C			
4 A			
B			
C			

LIST ALL LIQUID RESOURCES—INCLUDING BUT NOT LIMITED TO BANK ACCOUNTS CERTIFICATES OF DEPOSIT STOCKS BONDS BUSINESS EQUITY AND CASH

RESOURCE	OWNER	CURRENT VALUE

I UNDERSTAND THAT THIS APPLICATION IS FOR FEDERAL FUNDS AND THAT ANY FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS

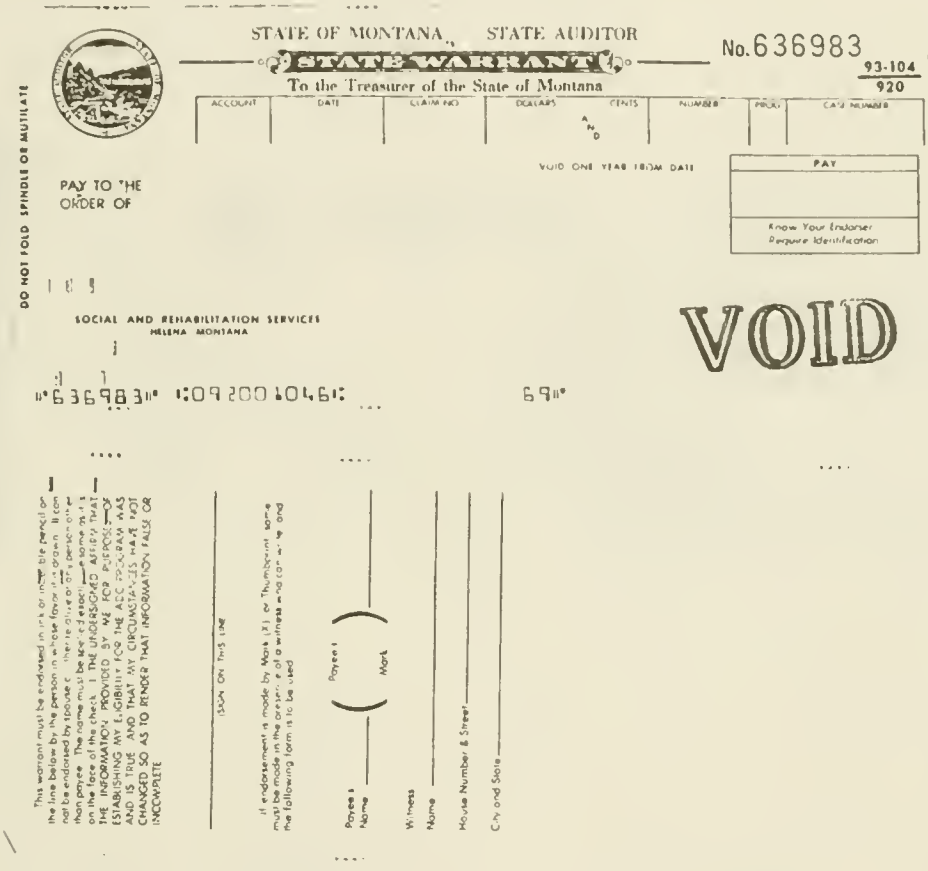
I UNDERSTAND THAT HOMES ARE WEATHERIZED ON A PRIORITY BASIS IF MY HOME IS PRIORITIZED THIS YEAR I AUTHORIZE AN AGENCY REPRESENTATIVE TO COMPLETE AN ENERGY AUDIT OF MY HOME AND INSTALL WEATHERIZATION MEASURES AS DETERMINED TO BE NECESSARY BY THE AGENCY. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE COMPLETE AND CORRECT

HEAD OF HOUSEHOLD ____ SIGNATURE ____ DATE

ATTACH A COPY OF YOUR FUEL BILL AND PROOF OF ALL INCOME TO THE COMPLETED SIGNED APPLICATION AND SEND TO THIS AGENCY

RETURN TO THIS AGENCY

APPENDIX D - A.D.C. Warrant
Front & Back



STATE OF MONTANA STATE AUDITOR

STATE WARRANT

To the Treasurer of the State of Montana

No. 636983

93-104
920

ACCOUNT	DATE	CLAIM NO	DOLLARS	CENTS	NUMBER	PROJ	CASE NUMBER

VOID ONE YEAR FROM DATE

PAY

Know Your Endorser
Require Identification

DO NOT FOLD SPINDLE OR MUTILATE

PAY TO THE ORDER OF

SOCIAL AND REHABILITATION SERVICES
HELENA MONTANA

VOID

⑈636983⑈ ⑆092001046⑆ 69⑈

This warrant must be endorsed in ink or indelible pencil on the line below by the person in whose favor it is drawn. It can not be endorsed by spouse or other person other than payee. The name must be spelled exactly as it is on the face of the check. I, THE UNDERSIGNED, AFFIRM THAT THE INFORMATION PROVIDED BY ME FOR PURPOSE OF ESTABLISHING MY ELIGIBILITY FOR THE ADC PROGRAM WAS AND IS TRUE AND THAT MY CIRCUMSTANCES HAVE NOT CHANGED SO AS TO RENDER THAT INFORMATION FALSE OR INCOMPLETE

(SIGN ON THIS LINE)

If endorsement is made by Mark (X) or Thumbprint, same must be made in the presence of a witness who can write and the following form is to be used

Payee's Name (Payee's Mark)

Witness Name

House Number & Street

City and State

Medical Card

EA-60
Rev 8-81

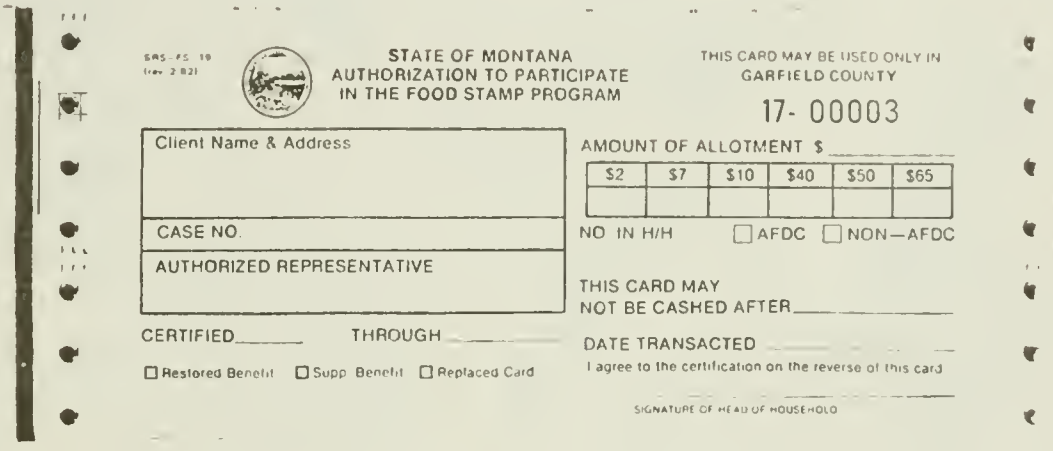
SOCIAL AND REHABILITATION SERVICES — IDENTIFICATION CARD

NOT TO BE USED FOR CHECK CASHING PURPOSES

NAME CLIENT ID. NAME CLIENT ID.

STATE OF MONTANA

APPENDIX E - Authorization to Participate in Food Stamp Program Card



SRS-FS 19
(rev 2-82)

STATE OF MONTANA
AUTHORIZATION TO PARTICIPATE
IN THE FOOD STAMP PROGRAM

THIS CARD MAY BE USED ONLY IN
GARFIELD COUNTY

17- 00003

Client Name & Address

CASE NO.

AUTHORIZED REPRESENTATIVE

CERTIFIED_____ THROUGH _____

☐ Restored Benefit ☐ Supp. Benefit ☐ Replaced Card

AMOUNT OF ALLOTMENT $ _____

$2	$7	$10	$40	$50	$65

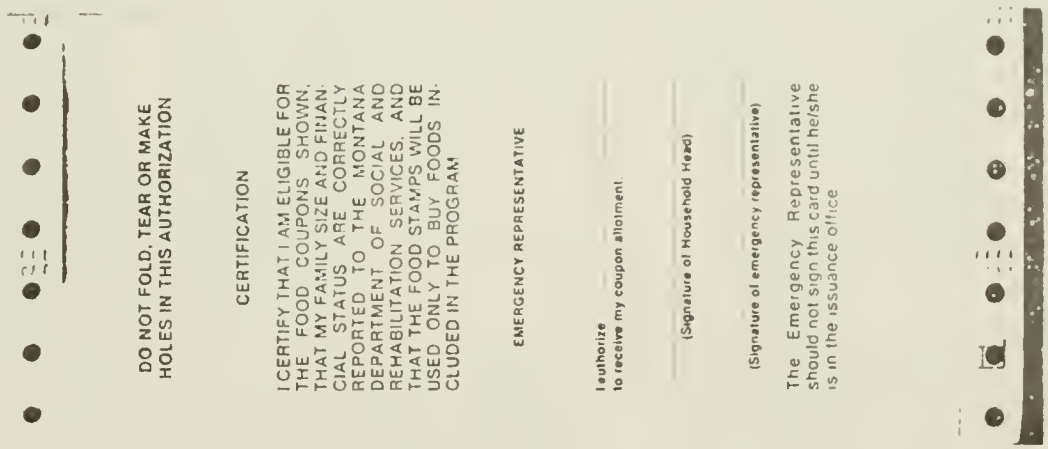
NO. IN H/H ☐ AFDC ☐ NON—AFDC

THIS CARD MAY
NOT BE CASHED AFTER_____

DATE TRANSACTED _____

I agree to the certification on the reverse of this card

_____
SIGNATURE OF HEAD OF HOUSEHOLD



DO NOT FOLD, TEAR OR MAKE
HOLES IN THIS AUTHORIZATION

CERTIFICATION

I CERTIFY THAT I AM ELIGIBLE FOR THE FOOD COUPONS SHOWN, THAT MY FAMILY SIZE AND FINANCIAL STATUS ARE CORRECTLY REPORTED TO THE MONTANA DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, AND THAT THE FOOD STAMPS WILL BE USED ONLY TO BUY FOODS INCLUDED IN THE PROGRAM.

EMERGENCY REPRESENTATIVE

I authorize _____
to receive my coupon allotment.

_____
(Signature of Household Head)

_____
(Signature of emergency representative)

The Emergency Representative should not sign this card until he/she is in the issuance office

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